1						DEPARIMENT OF				
	(	7898	DIVISIO	N OF VITAL RECOR		ESTON STREET, BAL	TIMORE, MAI	RYLAND 2120	1	
					CERTIFIC	ATE OF DEATH			078	92
-		ASED-NAME e or print)	First	Middle	n	Lost	20. DATE OF	DEATH Month	Dov Year	2b. HOUR
1	SEX		avid	Nm-				6	26 69	4.14 AM
13	A3C.		4. RACE	JAMARAMA		1 2/26/		6. AGE (In years lost birthday)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
7	o RIP	THPLACE (State or foreign	/ 15	OF WHAT COUNTRY?	T a		O COMPAN OF	3/1	rrs.	
10	ountr			SA	WIDOWED [	NEVER MARRIED DIVORCED	9. COUNTY OF	1		
-		OR TOWN OF DEATH	10.1	11. NAME OF HOSPITAL OF	NSTITUTION (If no	in hospital 120, USI	IAL OCCUPATION	Kind of work do	ne 12h KIND OC	Md.
1	Ra	ndallstown		Balto. Co.	20-0001	He south	nost of working	life, even if retire	d) INDUSTRY	
U	30. US	UAL RESIDENCE (Where of	deceased lived, if	institution: Residence befo	ore 13c. CITY OR	OWN 13d, INSIDE CITY	LIMITS?   13e. ST	REET AND NUMBER	GER Dai	
0	amissi	on) STATE Mar-	13b. COL	Balto.	Ranc	1211stowys N	10 🗆	505 F	TOX Cliff	
I	4, FA1	HER'S NAME First	Mi	ddle Los	t IS.	MOTHER'S MAIDEN NAME		Middle	e	Lost
L	4 14	myer	- Ab	ram Som			KNOWN			
ľ		AS DECEASED EVER IN U.S	S. ARMED FORCES? Is give war or dates of ser	VICE) 16b. SOCIAL SECUR	1	FORMANT ABRAM	SON	Addres EAVOLTEE	E CT., AF	T 102
F	T	NO			MRS	. IDA RKKAR	, 2202	FUNCLIFF		MATE INTERVAL
ı	1	PART I. DEATH WAS (	AUSED BY:	per line for (a), (b), and		hr. 110t.07	24		BETWEEN O	NSET AND CEATH
L		14 mg 1M	IMEDIATE CAUSE (a	), OR AS A CONSEQUENCE		Will Colina	71		10	days
П	C	onditions, if ony, which o	gove) "	Man:		10 cardial	MALA	ohon		•
ı		se to immediate cause ating the underlying co		O, OR AS A CONSEQUENCE			- A-A-	(0)		
I		st.		c)						
ı	P	ART 2. OTHER SIGNIFICAN	IT CONDITIONS COL	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	IN PART 1(o)		
1	Š.		100 0000000000							
	\$ I'	o. DATE OF OPERATION	19b. CONDITION E	OR WHICH OPERATION WA	S PERFORMED	2Do. AUTOPSY?	CALICEC	YES, WERE FINDING	GS CONSIDERED IN CI	RTIFYING
	CERTIFICATION	o. ACCIDENT WAS UNDE	RLYING 21b 1	IME OF INJURY	21c HO	YES NO		u in Part I or Part	t 2 Itam 181	
	3 0	OR CONTRIBUTING CAUSE Of either, notify medical e	OF GEATH HOUR		eor	Contract Contract	or maiore or milar	1 1011 1 01 (01	, a, main (0.)	
	- 6	1d. INJURY OCCURRED	21e. PLACE OF IN		, FACTORY, } 21f. LOC	ATION Street or R.F.D. No	o. City	or Town	County	State
		/hile Not while work		UPPICE BUILDING, ETC.	1		1.		,	
L	2	2a. I certify that (I	(this haspital	) attended the dece	ased fram	, 19_	69, ta_	-16	19 67 , that	(I) (we) last
		saw the decease	ed alive an bave (1) (we)	(did) (did nat) view t	he body ofter de	that in (my) (aur) ap	ini <b>¢</b> n death a	ccurred an the	date and haur	and fram the
ı	22	b. SIGNATURE	1	t and tale that the tr	no budy until di			V	22c. DATE SIGNED	60
		5. (	1 min	1avet	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. Date signed 6 - 26 -	67
	22	d. PHYSICIAN'S NAME (Type)	HCHAR	TOHAL	LAUS T	22e. ADDRESS	OALINE	OFUED!	HAADITI	
L	-				YAVET				HOSPITAL	
2	30. B	URIAL, (REMATION, EMOVAL (Specify)	23b. DATE 6-27-69	23c. NAME 1 A 7 A	OF CEMETERY OR C	REMATORY SKLAR FAMILY	CIRCLE	CEM. FORE	BAND RUSET	PALE MD.
2	4. FU	MOVAL (Specify) LIPT AL NERAL DIRECTOR		ADDR	ESS	250 REC'D I	BY REGISTRAR	2Sb REGISTR	AR'S SIGNATURE	-
		LEVINSON	& BROS	6010 REISTE	RSTOWN R	OAD DAHIN		3 Cun	week found	Pine .

	07899		VITAL RECORDS, 3 C		TE OF DEAT				
1,	DECEASED-NAME (Type or print)	First	Middle		Last	2a. DATE O	F DEATH	078	28. HOUR
	Phi	llip	В.	Al	aimo	June	Month 28	1969	10:27F
3.	Ma <b>le</b>	4. RACE Whi	te		DATE OF BIRTH 1-26-16		6. AGE (In years birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70	BIRTHPLACE (Stote or foreign Baltimore	7b. CITIZEN OF WH.	AT COUNTRY?	8. MARRIED 🔀	NEVER MARRIED DIVORCED	9. COUNTY O		1	66.4
	Towson	give st	ME OF HOSPITAL OR INST	ph Hos		USUAL OCCUPATION	N (Kind of work dane g life, even if retired.)	12b. KIND OF	BUSINESS OR Educ.
00	o. USUAL RESIDENCE (Where demission) STATE Maryla	nd 13b. COUNTY		13c. (ITY OR TO Baltimo:		(ITY LIMITS?   13e. S	TREET AND NUMBER	venue	
14	. FATHER'S NAME First	Middle	Last	15. N	OTHER'S MAIDEN NA		Middle		Last
	Bernardo	Alaimo			Sarah	To	parmina	-	
16	da. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes	and the state of t	166. SOCIAL SECURITY NO 218 09 192			o 6801 B	Address Beech Ave.		MATE INTERVAL
NC	Canditions, if any, which go nise to immediate cause ( stating the underlying cau lost.  PART 2. OTHER SIGNIFICANT	(b)	A CONSEQUENCE OF				IN IN PART I(o)		
CEPTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC				CAUSE	F YES, WERE FINDINGS S OF DEATH?		RTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. ominer) P.M.	Month Day Year 19				ury in Port 1 or Part 2,	Item 18.)	
MI	While Not while at work		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				y or Town	County	State
		(this hospitol) otter d alive an June aveXI) (we) KM) (	nded the deceased 19 did not) view the bo	from J 69, and the dy after dea	une 28 nat in (my) (aur) th.	9 <u>69</u> , to s apinian death	occurred on the d	that ond hour	(H) (we) last and from the
	22b. SIGNATURE	buch a	mui p	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		28, 1969
		berto C. Go				rk Road	Towson, Mar	ryland 2	1204
Ŀ	burial	3b. DATE July 2,196	/		Cemeter	y Balt:	ON (City or Town)	(County) cyland	(State)
	FUNERAL DIRECTOR Dippel Brothe	rsInc. 711	O Belair	Road	2Sa. REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	ye.

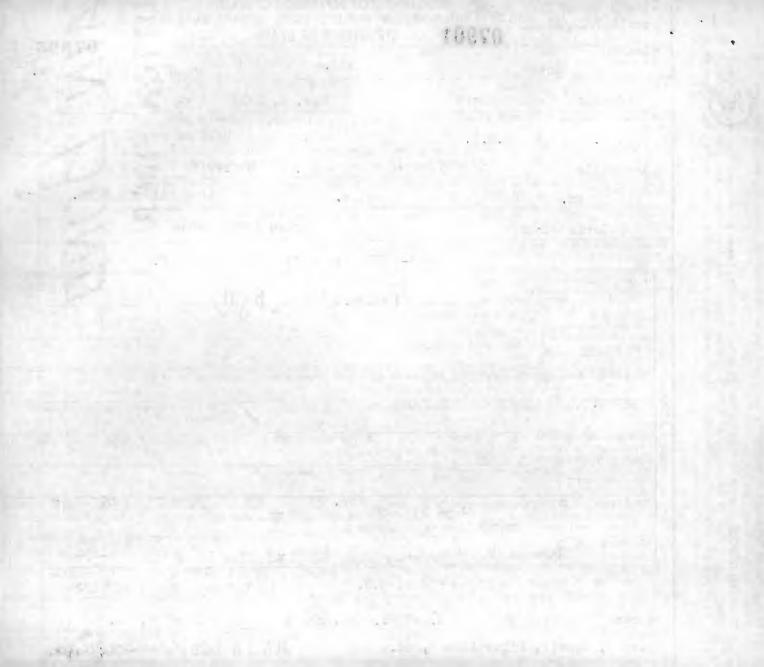
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/		ECEASED-NAME First Type or print)		Lost	20.	DATE OF DEATH	0789	26 HOUR
	3. SE	Ros		Allen		June 23, 19	69 Teor	13. TOW
	J. 30	female	4. RACE Negro	S. DATE OF Dec	. 5, 1912	6. AGE (In years Solution birthdoy) YRS.	MONTHS CAYS HOL	NOER 24 HRS. URS MIN
	7a. l caur	BIRTHPLACE (State or foreign narry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MA	MARILU	UNTY OF DEATH		
0		atonsville	11. NAME OF HOSPITAL OR INS give street oddress) SPRING GROVE	STITUTION (If not in haspital	120. USUAL OCC	UPATION (Kind of work done workingdife, even if retired.)	12b. KIND OF BUSH INDUSTRY	MESS OR
0	130.	USUAL RESIDENCE (Where deceo ission) STATE Md.		Balto.	13d. INSIDE CITY LIMITS? YES NO	130. STREET AND NUMBER 4009 Liberty	Hgts. Ave	enu <b>s</b>
7	14.	ATHER'S NAME First  Lanie Jo	Middle Lost	1s. MOTHER'S A	MAIDEN NAME First	Jones Middle	L	ost
		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? Wor or dotas of service) 16b. SOCIAL SECURITY N 218-58-5		s: SPRING	GROVE STATE H	OSPITAL	
V		Canditions, if any, which gave rise to immediate couse (a), stoling the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	MENTMONITIS	(Right	1).	APPROXIMATE IS BETWEEN ONSET A	ND DEATH
2	CERTIFICATION		ONDITIONS CONTRIBUTING TO DEATH BUT NO		TOPSY?	ON GIVEN IN PART I(o)  20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIF	YING
		210. ACCIDENT WAS UNDERLYN ☐ OR CONTRIBUTING ☐ CAUSE OF GEA (If either, notify medical exami	ATH HOUR A.M. Month Doy Year		CCURRED (Enter noture	e of injury in Port 1 or Port 2,	Item 18.)	
	Q	all million occupants			A D F D M-	City or Town		Stole
	MEDICAL	at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				County	
		22a. I certify that (3) (the		ed from NOV • 21				
		22a. I certify that (\$\mathbb{R}\$ (the saw the deceased accuses stated above 22b. SIGNATURE	n. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.  This haspital) attended the decease blive an June 23 15	ed from NOV • 21	ny) (304) apinian ( DING ≯□ MED.	to June 23 , 19 death accurred an the do	69_, that (A) ate and haur and DATE SIGNED 6-23-69	
1		at work of work 22a. I certify that (**) (the saw the deceased a causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dic	nis haspital) attended the decease.  alive an June 23 15 e, (1) (1000) \$305 (did nat) view the bounded by the b	ed from NOV • 21 9 69, and that in (nody after death.  DEGREE PHYS.  M.D. 22e. AD	my)(304) apinian of Director Director Baltin	to June 23, 19 death accurred on the do  R	59, that N) ate and haur and DATE SIGNED 6-23-69	
1	23o. R	at work of work 22a. I certify that (#C (the saw the deceased a causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dic BURIAL, CREMATION, 23b.	nis haspital) attended the decease sure of the sure of	ed from NOV • 21 9 69, and that in (nody after death.	my) (304) apinian a ping x MED. ping x MED	to June 23, 19 death accurred on the do  R STAFF 22c. R STAFF 22c. G GRO'E STATE MORE, Maryland LOCATION (City or Town) Baltimore, Md	Date signed 6-23-69 HOSPITAL 1 21228 ((Caunty) (St	



1		07902	DIVISION OF VITAL RECORDS			MARYLAND 21201	
6V		tems5&6 FilmCl		CERTIFICATE OF			07896
E LASA		ECEASED-NAME First (ype or print)		Anderse		TE OF DEATH  Month Dov	
St. 533		Τηοπ				6 5	69 <sup>Year</sup> 11: <sup>30</sup>
offer a	3. SI	X	4. RACE	S. DATE OF B		lost birthdov)	FUNDER I YEAR IF UNDER 24 HRS.
rs aft.  the Poges		MALE	Cau.		er 25, 1900	62 YRS.	
24 hours of the set in by the spers. Pog		BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAI	KKIEDIC	TY OF DEATH	
24 is od in 172		"ivary cana.	USA			timore	Me
vithin 24 ily filled oon pape within 72	10.	Towson	give street oddress)	NSTITUTION (If not in haspital	during most af-wa	ATION (Kind of work dane rking life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ed withi	10	Heller Beenevee and	Greater Balt	o. Med. Cent			Newspaper
requires that the deoth certificate be executed within 24 hours after death g physician.  I signed by the attending physician and completely filled in by the triangle buriol-transit permit. Then please remove carbon papers. Pages and a buriol, aremation, or removal, and in any event, within 72 hours after the contraction.	adm	ission) STATE Mary Lance	sed lived, if institution; Residence before 13b. COUNTY Baltimore	Sunnybrook	YES NO	a street and number le	Pike
and common		ATHER'S NAME First	Middle Last	IS. MOTHER'S M	AIDEN NAME First	Middle	Last
d in de		Hans J. A	nderson	Ma	ry (odd		
physician en pleose oval, ond i	160	WAS DECEASED EVER IN U.S. AR	MED_FORCES?   16b. SOCIAL SECURITY war or dates of service)		,	Address	
Phy en syd		es, so, ar unknawn) (If yes aw	war or dates of service)	ramily	neconds_		PORAZONIA Z DO ZARO
ie deoth ce attending i permit. The		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and (c		7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
endi mit.		IMMED	MATE CAUSE (0) Uremia a	and pulmonary	edema		
aft per per jon,		4/00	DUE TO, OR AS A CONSEQUENCE OF				
the the sit is matig		Canditions, if any, which gave use to immediate couse (a),	(0)		<u>eriosclerot</u>	ic cardiovasc	ular
trac cre		stating the underlying cause		F		disease	
quires the physician. signed by buriol-trar buriol-trar buriol, crea		lost.	(c)	NOT DELATED TO THE TERMINA	LI DISCASS ON COMPITION	CO/CN IN DART 1(a)	
Par signal		PART Z. OTHER SIGNIFICANT CO	UNDITIONS CONTRIBUTION TO DONTO BUT I	NOT KELATED TO THE TERMINA	AL DISEASE OF CONDITION	GIVEN IN PART 1(0)	
IAN: The low refitation of the state of the	ĕ.	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTO	OPSY?	Ob. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
he he last	CERTIFICATION	Tre. Drite of Great Miles	. continuent an initial of carrier initial	YES K	10	AUSES OF DEATH?	
te t	GERT	21o. ACCIDENT WAS UNDERLYI				f injury in Port 1 or Port 2, It	
rifico iffico f He	MEDICAL	OR CONTRIBUTING CAUSE OF OR	HOUR A.M. Month Doy Yeo				
ATENDING PHYSICIAN: The etoined by the haspital or otte CTOR: After this certificate has should be detached for use a vith the State Dept. of Health pr	E G	21d INITIRY OCCUPRED 21s	PLACE OF INJURY (AT HOME, FARM, STREET, F	ACTORY,) 21f. LOCATION Stre	et or R.F.D. No.	City or Town	County State
PH The Hall this etac		While Nat while at work of work	ONKE BUILDING, ETC.	1			
NG Ter ter tate		22a. I certify that (I) (t)	nis haspital) attended the decea	sed from 6/1	, 19 <u>69</u> , te	6/5 , 19_	69 , that (I) (we) las
ed it all the She s		sow the deceased of	olive on 6/5 e, (I) (we) (did) (did nat) view the	19_69, and that in (n	<u>ny) (</u> our) opinion de	oth occurred on the dat	e ond hour and from th
OR ATTEND be retoined NIRECTOR: A Strould ed with the		22b. SIGNATURE	e, (i) (we) (aid) (aid lidi) view life	budy difer death.		22c D	ATE SIGNED
OR /		Zo. Storwick	100 000	DEGREE PHYS.	ING MED.	STAFE -	6/6/69
File oge		22d. PHYSICIAN'S	Jay Charac	22e. ADI		- 11112. 22-	0,0,00
SPITAL 4 may VERAL tor, poor	١.	NAME (Type) Rudi	ger Breitenecker,	M.D. 6	701 N. Char	les Street	
O HOSPITAL OR ATTENDE Poge 4 moy be retoined O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	230		DATE 23c. NAME OF	F CEMETERY OR CREMATORY	23d. LC	OCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Burial The	ine 9, 1969 Mt. M	arie (emetery	Town	on. Maruland	
VEALSHOO	24.	FUNERAL DIRECTOR R	ADDRES	S	25a. REC'D BY REGISTI	or and	IGNATURE
30M REV. 1768		John Burns	שנים, וטשטיון, וינג		DATE DATE	1969 McLion	es judge

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indicate, rese	Tanker.		Serve Jones	

	1	K	07002		301 W. PRESTON STREET, BALTIN	
	*	-	× 014909		CERTIFICATE OF DEATH	07897
	deoth deoth		DECEASED-NAME First (Type or print) Ruth	M ddle E. Andrews	Lost	20. DATE OF DEATH  June Month 8 Doy 1969 2b. HOUR
	after a series	3	Female	4. RACE Cauc.	S DATE OF BIRTH April 25, 1	6. AGE ( n years   F UNDER YEAR   IF UNDER 24 HRS
	haur S. P hou	7o. €0	BIRTHPLACE (State or foreign unity) Mass.	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X 9 WIDOWED D VDRCED	COUNTY OF DEATH Baltimore
	rtificate be executed within 24 physician and completely filled usen please remove corbon poper oval, and in any event, within 72 oval, and in any event,	10 X	CITY OR TOWN OF DEATH Cat	onsvi 11 NAME OF HOSPITAL OR INS give street oddress)  Forest Har t lived, if institution, Residence before	TITUTION (If not in hospital 20 USUAL	OCCUPATION (Kind of work done to f working life, even if retired )  12b KIND OF BUSINESS OR INDUSTRY
	completed to year	3 001	mission) STATE Md	13b COUNTY-D	Pikesville YES NO	k 6713 Alter ST., 21207
-	be ex	14.	FATHER'S NAME First Frederick L.	Middle Lost Andrews	Estelle P. Ri	2007
1)	ficate lysicion pleas of, and	6	o. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give wer NO	D FORCES? 16b. SOCIAL SECURITY I	NO 17 INFORMANT	Address
	tures that the death ce shysician. I should by the attending urial-transit permit. The urial, cremation, or remuial,	728	Conditions, fony, which gave rise to immediate couse (o), storing the underlying couse last  PART 2 OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b) ATTEN  DUE TO, OR AS A CONSEQUENCE OF  (c) A CLI SALE	Aumorany SOS (Schomin)	AFROMAIC HERVA. BETWEEN ONSET AND GEATH  SHIP UND CLOSE  AFROMAIC HERVA.  BETWEEN ONSET AND GEATH  CHILL UND CLOSE  AFROMAIC HERVA.  BETWEEN ONSET AND GEATH  CHILL UND CLOSE  AFROMAIC HERVA.  BETWEEN ONSET AND GEATH  CHILL UND CLOSE  AFROMAIC HERVA.
123	SICIAN: The low rec spitol or attending partificate hos been sed for use as the b	CERTIFICATION	196. DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE	YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
N	PHYSICIAN: The he haspitol or after this certificate hos letoched for use captoched for the Boott of Health pure the hospitology.	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine) 21d INJURY OCCURRED 21e P	r) HOUR A.M Month Doy Yeor		City or Town County State
•	TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hast TO FUNERAL DIRECTOR: After this cel director, page 3 should be detoche should be filed with the State Dept.	1	saw the deceosed alive couses stated obave,  22b. SIGNATURE  22d Physician S NAME (Type)  Dr.	hospital) ottended the decease	d from 19 19 19 19 19 19 19 19 19 19 19 19 19	on death accurred an the dote and hour and from the coor STAFF 22c. DATE SIGNED about Ave. Balto. Ma.
	Poge direct	230	BURIAL, CREMATION, 23b. DA	11/69 23c NAME OF 1 WOOdle	EMETERY OF CREMATORY awn Cometery	Balto. (Cty or Jown) and (Stote)
	VR A15 (4)	24	Witzke Funeral	Dir. 4101 Edmonds	on Ave.	EGUTRA 1989 25b POWEARS SHE BATUTA

14	_	07904	C	IVISION OF VITAL RECORDS,	301 W. PR			RYLAND 21201	0 W C	
-	1 01				EKTIFIC	ATE OF DEATH	10 015 05		078	
		ype ar print) HAR	rst RY	Middle IAYTON		LOST LNTHONY	2o. DATE OF	Month D	ay Year 1969	2b HOUR 7:00 M
	3. SE	MALE		4. RACE WHITE		S DATE OF BIRTH MAY 1, 1922		6 AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS HOURS MIN
		IRTHPLACE (State or foreign	71	CITIZEN OF WHAT COUNTRY?	8 MARRIED P	NEVER MARRIED	9. COUNTY OF			
	r. r.	YORK STATE		U.S.A.	MidoMed [		BAL	TIMORE CO	JITY	Md.
	FO:	ITY OR TOWN OF DEATH RT HOWARD		TI NAME OF HOSPITAL OR IN:  C. YESTER OD OCTOR  VETERANS ADM	TITUTION (IF no ETISTRA	TION HOSP of	AL OCCUPATION OST OF WORKING MERCHA	(Kind of work dane life, even fretired.) NDIZER	12b. KIND OF INDUSTRY	BUSINESS OR
	I3o.	USUAL RESIDENCE (Where decision) STATE ND	eosed	lived, i institution. Residence before 13b COUNTY MORE	13c CITY OR COCKEY			REET AND NUMBER 35 MALCOLI	M CIRCLE	
T	14. F	ATHER'S NAME First		Middle Last		MOTHER'S MA DEN NAME		Middle		Last
		PHILAT		NOHTMA			MABEL		CHAP:	PFE
	léa y	WAS DECEASED EVER IN U.S. A es, no. of Linknown) (II yes go YES)	RMED ve war o	FORCES? Identify to the solution of service		FORMANT IN. REC., VE	r. ADM.	Address HOSP., F'		
ſ		IB. CAUSE OF DEATH (Enter	only i	ane cause per one far (a), (b), and (c)					APPROX'S	AATE INTERVAL VSET AND DEATH
ł			DIATE	CAUSE (a) PNEUMONTA						
1		486 X		DUE TO, OR AS A CONSEQUENCE OF						
1		Canditions, if any, which gav rise to immediate cause (a		(b)						
1		stating the underlying caus		DUE TO, OR AS A CONSEQUENCE OF						
1		lost.	,	(c)						
1				IIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
l	NO.	BRAIN TUM	_	IDITION FOR WHICH OPERATION WAS PE	CODUCO	DO LUTORCYO	100) 10	NEC WIEDE FIRMINGS	COME DEBTE IN CE	D.P.I.F.U.I.I.O
	CERTIF CATION	THE DATE OF OTERATION	D, CVI	CONTRACTOR WHICH OFERALION WAS PE	TOKNED	20a. AUTOPSY? YES NO [2]		YES, WERE FINDINGS OF DEATH?	COMP DEMED IN CE	KUPTING
	CERT	21a. ACCIDENT WAS UNDERL'	YING	216 TIME OF INJURY	21, HO	W INSURY OCCURRED (Ente		ni in Part 1 av Dart 3	Itam ID I	
		OR CONTRIBLTING CAUSE OF D	EATH	HOUR A.M. Manth Day Year			a detrois hi tulni	y io ruit 2	, nem ib.)	
	MEDICAL	(If either, natify medical example 12)		P.M. 19 ACE OF INJURY ( AT HOME FARM, STREET, FAC		ATION Street or R.F.D. No	fithe	gr Town	County	State
l		While Not while at work		OFFICE BUILDING, ETC	1	- THE SHOOL OF IT IS IN	City	Acc. MALII	Courty	Jiqio
1		22a. I certify that A (	this	haspital) ottended the decease	d from_ ರ	une 20 19	69, toJu	ne 29 1	9 69 . that	N) (we) lost
I		sow the deceased	aliv	naspital) ottended the decease on June 29	9_69, ond	that in (my) (our) op	inion deoth (	occurred on the d	lote and hour	and from the
1		couses stated aba	ve,1	t) (we) (did) (did:aaa) view the	ady after d	eoth.				
		22b. SIGNATURE	1.	Cotalina	DEGRE	E PHYS.	MED.	STAFF [	6 29 69	
		22d PHYS CIAN'S		Carraga -	DEGRE	22e ADDRESS	DIRECTOR LX	PHYS. L_J	0 29 09	
		NAME (Type) VADI			D.	VET. ADM.			RD, MARY.	LAND
		PEMOVAL (Specific)	DA1	TOTAL TEA	EMETERY OR C	REMATORY	1	N (C ty or Town)	(Caunty)	(State)
1		BURIAL (Specify) SURIAL SURIAL DIRECTOR	1/2	V/69 PINE VA	ALEI CE		PINE V.		NEW	YORK
			CO	, 8521 Loch Rave	n Bl.vd.		BY REGISTRAR	25b REGISTRAR		
Ė	11.	TTTSM E. JOHN	ا ب د	Daltimore, M.		DAILGU		169 Roll	was Jour	GR.



1					EPARIMENT OF F				
1	07905	DIAISION	OF VITAL RECORDS, 3		-	IMORE, MARYLA	ND 21201	0800	0
I.				KIIFICA	TE OF DEATH			0789	
1	1. DECEASED-NAME (Type or print)	First	Middle		Lost	20 DATE OF DEAT	H <sup>Month</sup> 11 <sup>Doy</sup>	69 Year	2b. HOUR 4
ŀ		Baby	Воу		Ashley				3:07 N
ľ	3 SEX	4 RACE		5.	DATE OF BIRTH	6. A	GE (In years of birthday)	MONTHS DAYS	HOURS MAN
ŀ	Male	1	Caucasian		6/11/69		YRS.		5
I	7o. BIRTHPLACE (State or foreign country Maryland	U.	), H.	WIDOWED [	DIVORCED	9. COUNTY OF DEA Balti			₩d
	10. CITY OR TOWN OF DEATH  Towson		1. NAME OF HOSPITAL OR INSTR give street address) Greater Balto	TUTION (If not i	Center daring me	AL OCCUPATION (Kind ost of working life,	d of work done even fretired.)	126 KIND OF INDUSTRY	
	130 USUAL RESIDENCE (Where dodmission) STATE	eceosed lived, if in: 13b COUN	titution Residence before 1	30 CITY OR TO PANOAL	WN 3d, INSIDE CITY L	13e STREET 30 - 8	AND NUMBER M. WACD:	CHARA	.Rn.
f	14. FATHER'S NAME First	Mide			OTHER'S MAIDEN NAME F	and the same of th	Middle		Last
	GOLDON	WILSO	ON ASHLE			heres A (	CHELL	)	
	16a WAS DECEASED EVER IN U.S Yes, no, or unknown) (11 yes	. ARMED FORCES? s give war or dates of service	16b SOCIAL SECURITY NO		DRMANT YOUN WILSON	N ASHLEY.	Address N	MA 1050	CHAPELT
I			er line for (a), (b) and (c).)					APPROXIA BETWEEN OF	AATE INTERVAL NSET AND DEATH
١	PART I. DEATH WAS C	'ALSED BY. MEDIATE CAUSE (a) ,	Osteogenes	esis i	mperfecta 1	etalis			
ı	7566		OR AS A CONSEQUENCE OF		_				
1	Conditions, if only, which g								
1	rise to immediate cause stating the underlying co	TOUR TO	OR AS A CONSEQUENCE OF	-					
1	last.	—) (c)							
1	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OR C	ONDITION GIVEN IN	PART 1(o)		
1									
ı	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?	CALLEGE OF I	WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDE				YES X NO		Yes		
	2 a. ACCIDENT WAS UNDER	RLYING 21b. TIM DE DEATH HOUR	ME OF INJURY A.M. Manth Day Yeor	21c. HOW	INJURY OCCURRED (Enter	r nature of injury in	Part I or Part 2, !	Item 18.)	
	OR CONTRIBUTING CAUSE Of CHIEFE CAUSE OF CAUSE OF CHIEFE CAUSE OF	xominer)	P.M. 19						
	While Not while at work		IRY ( AT HOME, EARM, STREET, EACTO OEEICE BUILDING, ETC.					County	State
	22a. I certify that (I)	(this hospital)	attended the deceased	from	6/11 , 196	9 , ta 6/	11 19	69 , that	(I) (we) las
	saw the decease	ea alive an baye.(I) (we)(i	did) (did nat) view the bo	ody after de	not in (my) ( <u>out)</u> opi oth.	nian deoth occu	rrea on the da	te and haur	and from th
ı	22b. SIGNATURE	1			•		220	DATE SIGNED	
l		KNM	Uhlund	DEGREE	ATTENDING D	MED. STA	YS. 🔽 j	fune 11,	1969
1	22d. PHYSICIAN'S				22e. ADDRESS				
	NAME (Type) Ru	udiger Br	eitenecker,	1.D.	6/01 N	orth Char	les Stre	et 212	.04
f		23b. DATE	23c, NAME OF CE	METERY OR CR	EMATORY	23d LOCATION (C	ty or Town)	(County)	(Stote)
		June 14,		e Park	Cemetery	Baltimon			
	24. FUNERAL DIRECTOR		ADDRESS		250 RECD B		256 REGISTRARS	SIGNATURE	0.
t	Loring Byers C	hanel 872	28 Liberty Ro	ad 211	33 DALEN 1	6 1969	1.	1	m, **

a ,

	1	1		DIVISION OF VITAL RECORDS, 301	IAIL DEPAKIMENT OF H		
11	_		07906		TIFICATE OF DEATH	MORE, MARILAND 21201	07900
	death, and 2 death.		ECEASED-NAME First  Type or print)  Luthe	Middle r Martin Atwel	Last	20. DATE OF DEATH Month 6 Day	12 Year 69 25. HOUR
		3 5	male	4 RACE white	9-13-14	6 AGE (in years last birthday) YRS.	IF JNDER I YEAR IF UNDER 24 HRS MORTHS DAYS HOURS MIN
	24 haurs			7b. CITIZEN OF WHAT COUNTRY? 8		9. COUNTY OF DEATH Baltimore Cou	intv
		Hai	aty or town of DEATH	11 NAME OF HOSPITAL OR INSTITU give street address) CO.G.	eneral during To	COCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
	complete	oder	issian) STATE Md.	13K COUNTY Carroll S	AVCDATITE	Rt 4	
	ate be executividan and completes remove and in any evi		FATHER'S NAME First Edward Attwe		15 MOTHER'S MAIDEN NAME FI	ion	Lost
	physicia pen plec oval, ar	160	A.C.	a or dates of service) Lib 12 HA	17 INFORMANT  (7) NS RevA	Atricl Syx	APPROXIMATE NIERVA
	that the death certificate b an. by the attending physician ransit permit. Then please crematian, ar removal, and		TB. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA	Y one couse per line for (o), (b) o(d)(c))  BY.  TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	cerbral the	morrhyl	BETWEEN ONSET AND DEATH
	s that the cian. I by the transit transit, cremat		Conditions, if any, which gove tise to immed ate cause (a), stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQUENCE OF	erbrame arleno	Schrifte Eardran	rouler YEARS
T	law requires nding physici been signed s the burial to rate burial is the burial.	N.		DITIONS CONTRIBUTING TO DEATH BUT NOT RI	LATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)	
	The atternation has se a	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PERFOR	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	PHYSICIAN: The haspital ar at this certificate has stacked far use Dept. af Health	MEDICAL CI	210 ACCIDENT WAS UNDERLYIN  GOR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	HOUR A.M Month Duy Yeor er) P.M. 19	,	noture of injury in Part 1 or Part 2, I	
	DING PHYSIC by the haspi After this certi be defached State Dept. a		ot wark Not while of wark	PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC		City or Town	County State
	_ T		saw the deceased at	s haspital) ottended the deceosed five an	62 and that in (my) (aur) apir	of, to 6-12, 19 nian death occurred on the da	te and haur and from the
	TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b SIGNATURE ONGLE	te G. Sopans	DEGREE PHYS L. DI		DATE SIGNED 6-12-69
	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill		22d PHYSICIANS NAME (Type)	2 ANGELITA A. J	TOPACO BACT.	COUNTY GEN	HOSP.
	Page To Fu direc	230	BURIAL, CREMATION, 23b I REMOVAL (Specify)	ADDRESS	TERY OR CREMATORY  LAJANA CLANICA  250. RECENT	23d OCATION (C ty or Town)  Y REGISTRAR 12Sb REGISTRARS	(County) (State)
	VR A15 41 4		Harry W. He	ight Sypericle	Ma DATE DATE	16 1969	les Judge

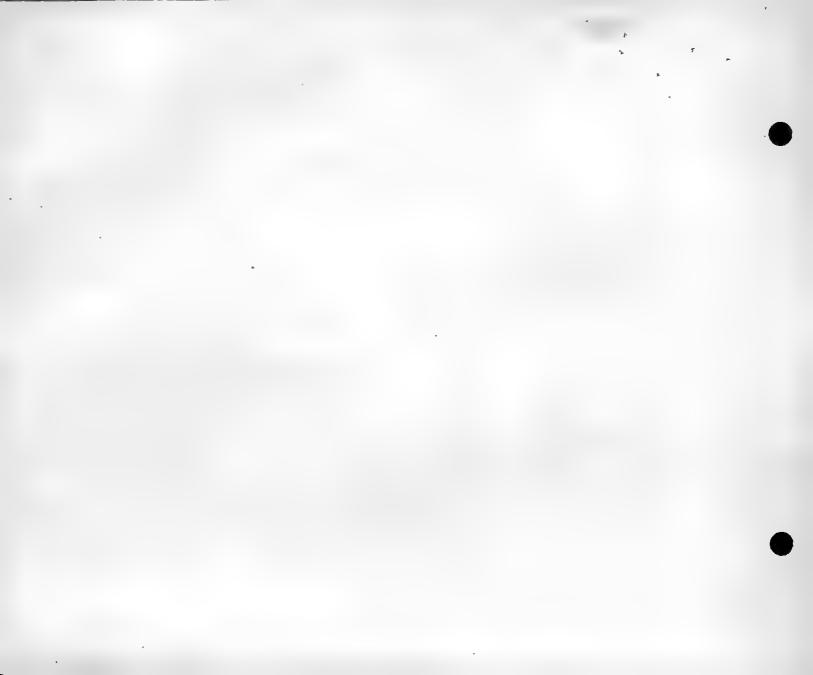


FOR STATE	Ð,	7907	MEDICAL	EXAMINER'	CERTIFICAT	E OF DEATH		0790	1
HEALTH DEPT.		D NAME Firs		Middle J.	Bagwell tost		20. DATE KNOWN Mor OF ESTI 6 DEATH MATED	th Doy Yeor 26 69	26 HOUR 5 - 30)
tment of	3 SEX Male	4 RACE white	5. DATE OF BIRTH 5 29 188	6. AGE (in last bush	years IF UNDER 1 YEAR day) MONTHS DAYS YRS		2c DATE PRONOUNCED DEAD Month Doy	Yeor 19	2d HOUR
2129 eath If on Pages 1, c Ath form P	country) 1	LACE (Stote or toreign Virginia R TOWN OF DEATH		OF HOSP TAL OR INSTI	UT ON (f not in hospit	VORCED Ba	NTY OF DEATH  1 to  CUPATION (Kind of work dor	ne 12b. KIND OF BUS	M SINESS OR
+ 0 44 /2 /	13o USUA	lallstown . RESIDENCE (Where decedon) STATE Md	sed I ved Trinstitution	Res dence before 13		YES NON NON NON NON NOTES	Salisaku tretired 13e. Street and Number 3627 Hilman		
BALTIMORE, MA 24 hours offer d in liter 18 Gue aris office along w es lond 2 with the		S NAME First  orge Bagwell  ECEASED EVER IN U.S. ARMED	Middle	social security no	15 MOTHERS N Mary 17. INFORMANT		Middle ADDRESS	Los	t
within 24 within 24 within 24 pencil in Examiner's File pages 72 hours		or unknown) (if yes give				aret Bagwe	11, 3627 Hilm	ar Rd. 21	
RESTON S executed nding in Medicol Ex permit. Fi	4	1124	D BY ATE CAUSE (o) DUE TO, OR AS	or (o), (b) and (c).)  A CONSEQUENCE OF	selevit	E 6-V	: Discarl	BETWEEN ONSET	
VIAL RECORDS, 301 W. PRESTON STREET, BA This certificate should be executed within 24 totals, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages is remayal, and in any event within 72 hours on	rise stati lost.		DUE TO, OR AS	A CONSEQUENCE OF					
DIVISION OF VITAL RECORDS, 3 EXAMINER: This certificate share the certificate, writing the vige 4 should be forwarded to the your files. Page 3 should be used as a bur cremation, or remaval, and in		2 OTHER SIGNIF CANT CONT DATE OF OPERATION			A TED TO THE TERMINAL		N G VEN IN PART 1(0)	20 AJTOPS	Ąγ
VER: This concertificate, vincing be used to	₹ PRI	EXTERNA, CAUSE WAS MARY OR CONTRIBUTING	21b. T ME OF N.	JRY Month, Doy Year	21c HOW INJURY		re of injury in Port 1 or Port	2, Item 18)	NO M
DIVISION O L EXAMINER: cecute the cert Page 4 should for your files. R: Page 3 should id, cremation,	~	VORK AT WORK	PLACE OF INJURY (At hoctory, office building, e	ome, form, street, tc }	21f LOCATION Stre		Eity or Town	County	Stote
MEDICAL I please exec director. Po etoined for DIRECTOR:		22a. I certify that ! death resulted fram.  UAL NATURE 2.2.		💢 , Accident [	, Suicide ,		Undetermined mann	and in a	ny opiniai
necessary, properties from the funeral 5 may be may be may be may be may be made to funeral Health prior	2 EX/ NA	ME (Type) D. D. C		U.		DEPUTY MEDICAL EXAM ADDRESS(Street, city to	NER 🔣	6-27-	Stote)
<b>5</b>	bur	Pygh(Specify) 6	30 1969	Woddlawn	Cem	Bal	to Co; Md.		norej
VR AISME (S)	orin	RAL DIRECTOR  Byers 8728	Liberty R	اd: Randall :	21133 stown, Md	250 REC D BY RED NO.		ars signature	-

MARYLAND STATE DEPARTMENT OF HEALTH



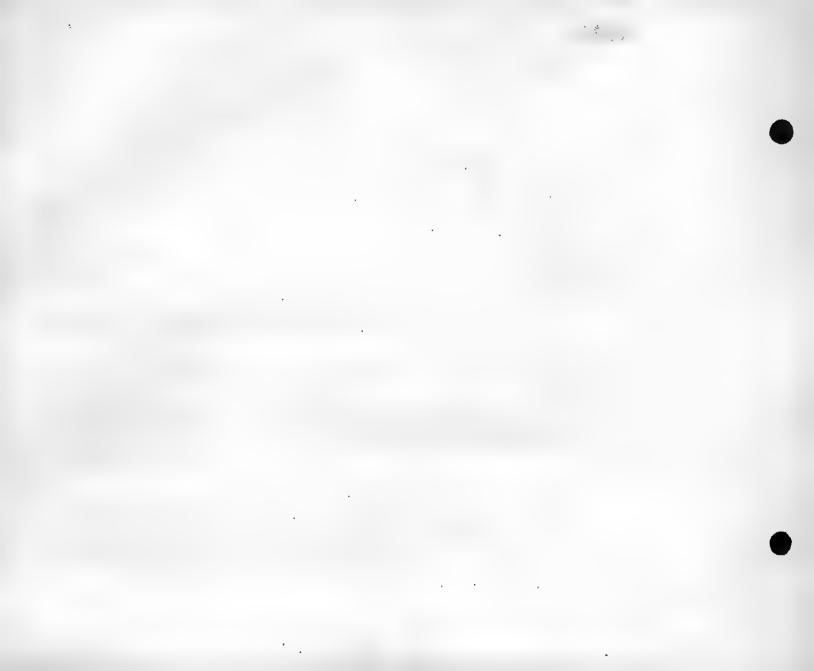
- 1			ID STATE DEPARTMENT OF H		
	07908		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	08000
- 1	DECEASED-NAME .	First Middle	Lost	To out of prize	07902
ľ	(Type or print) JO			2o. DATE OF DEATH  Month Dov	Yeor 2b HOUR
2	SEX	4. RACE		6 2	7 1969 / HM
1.	M.	WhiTe.	S. DATE OF BIRTH  3-29-0	6. AGE (In years lost birthday)	FUNCER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
L	Md.	VS	WIBOWED DIVORCED	BALTIMOR	) E Md
	CITY OR TOWN OF DEATH  (A) TONSV12	11 NAME OF HOSPITAL OR IN give street oddress) STATE H	DSPITAL during mo	L OCCUPATION (Kind of work done st of working life, even if refired )	126 KIND OF BUSINESS OR INDUSTRY
13i	o USUAL RESIDENCE (Where de mission) STATE M. d.	13b COUNTY BALT/MORF	13c CITY OR TOWN 13d. INSIDE CITY LIN	1159 13e STREET AND NUMBER 65	22 Woodbridge
14	. FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FI		Lost
	JOHN B	Balzer	ROSIEK	RIGER (Rosa	F. Kroeger)
16	o WAS DECEASED EVER IN U.S.		NO 17. INFORMANT	Address 6522 Woodbridge	Circle, 21228
		r on y one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL
	PART I. DEATH WAS CA	USED BY:	ARREST.		BETWEEN ONSET AND DEATH
	11 2 5 A	1-1			
	Conditions, if on , which go	DUE TO, OR AS A CONSEQUENCE OF	IAL INFARCTION		
	nse to immediate couse (	o), (a) 1017 0 17 N D	IN FINCTION		
	stoting the underlying coulest	ISE DUE TO, OK AS A CONSEQUENCE OF	LIDIED-ARTERID SELEI	TIO NORT DESERS	15
		CONDITIONS CONTRIBUTING TO DEATH BUT N			• • • • • • • • • • • • • • • • • • • •
		COMPLICIES CONTRIBUTION TO DEATH BOT IN	OF KERNED TO THE TERMINAL DISEASE OKCO	NUTTION GIVEN IN PART (0)	
NO	190 DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PE	DEADWED 100 AUTODOG	201 IF VEC MITTER CHARACTER	DAKINGOED IN CERTIFIED
CFRTIFICATION	DAIL OF OFERRIOR	110 COUNTION TOW HURLI OLEVATION MAZ LE		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	UNDIDERED IN CERTIFYING
FRI	210 ACCIDENT WAS UNDER	LYING 216 TIME OF INJURY	YES NO		. 10.
MFDICAL		CEATH HOUR A.M Month Doy Year		noture of injury in Port 1 or Port 2, I	lem 18)
ME	While Not while at work	210 PLACE OF INJURY ( AT HOME FARM, STREET, FA	CTORY,) 21f LOCATION Street or RFD No.	City or Town	County State
	22a. I certify that (*)	(this haspital) attended the deceas	ed fram 3 - 3 , 196	7, to 6-27 , 19	69 , that (I) (we) last
	saw the deceased	d alive an 6/27/61	961, and that in (my) (aur) apin	ian death accurred on the da	te and haur and from the
	causes stated ab	ave, (I) (we) (did) (did not) view the	bady after death.		
	22b SIGNATURE	Artestely MD	DEGREE PHYS. DI	D STAFF 22c D	DATE SIGNED
ı	22d. PHYSICIAN'S NAME (Type) EVE	LIS A. FEZIPE-PERE	22e ADDRESS		
L				ROVE-STATE H	05 P17 AL
230	DEMOVAL (Specific)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0.5			thedral Cemetery	Baltimore, Mary.	
	FUNERAL DIRECTOR	ondson A.e., 21229			
Ľ	ave at or com	ondoor agos, alaa	DATEUL	1 1969 JChan	Can Judge



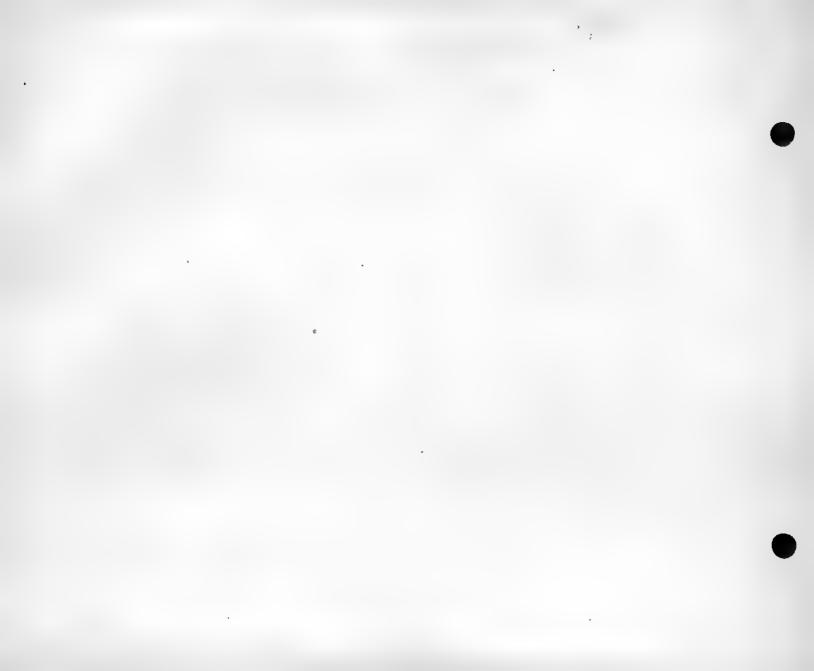
- 1		DIVISION C	MAKYLAI F VITAL RECORDS		DEPARTMEN					
	07909	DIVISION			CATE OF DE		KE, MAKTLAND Z	1201	0790	3
	I. DECEASED-NAME (Type or print)	First	Middle		Last	20	. DATE OF DEATH Month	Davis	V	2ь нопр
-	RO	BERT	BRUCE	BAI	RLOWE		JUNE	20	1969	6:204
	3. SEX	4. RACE			S DATE OF BIRTH		6. AGE (In y	ears		IF UNDER 24 HRS
	MALE	NEG			Novemb	er_18,	1891 77	YRS.	MININS CHAS	HOURS MIN
	To, BIRTHPLACE (State or fareign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. ((	OUNTY OF DEATH			
	LOUISANA		S.A.	WIDOWED	DIVORCED		BALTIMORE			Md
	FORT HOWARD	VE	NAME OF HOSPITAL OR IN re street address) TERANS ADM	ENTSTRA	ATTON	12a, USUAL OC during most of	CUPATION (Kind of wor working life, even if r DORE	k done etired)	12b. KIND OF 8 INDUSTRY SHIPP	BUSINESS OR
	3a. LSLAL RESIDENCE (Where de admission) STATE	ceased lived, if instit	tutian Residence before	13c CITY OR	TOWN 13d. I	INSIDE CITY LIMITS?	13e STREET AND NUM	M8ER		LIIG
	4. FATHER'S NAME First			BALTI	AURE:	7	1808 PENE		VENUE	
ď	4. FATHER'S NAME First	Middle	£ast	15	MOTHER S MAIDEN	N NAME First	N	Niddie		Lost
ŀ	ISAAC	J.	BARL			MARY		C.	PI	ERCE
- 1	60 WAS DECEASED EVER IN U.S. Yes, no, or unknown) (11 yes	ARMED FORCES? give war or dates of service)	166 SOCIAL SECURITY	NO. 17. I	NFORMANT		Ac	idress		
▐	YES WW		217 03 4	500 C1	linical_R	cds V	Hospital	Fort	Howan	d. Md.
-1	18. CAUSE OF DEATH (Ente	r anly ane cause per	line far (a), (b), and (c	).)					APPKOX MA	ATE THTERVAL SET AND DEATH
	PART I. DEATH WAS CA	JUSED BY. NEDIATE (AUSE (a)	BRONCHOR	PNEUMON	IIA					TO STATE OF THE ST
	4.		R AS A CONSEQUENCE OF	-						
	Canditions, if any, which go	ive)	PULMONAL		YSEMA					
	rise to immediate cause ( stating the underlying cau	4),(	AS A CONSEQUENCE OF		I DAME				1	
	last	(c)								
- 1	PART 2 OTHER SIGNIFICANT		BUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DIS	FASE OR CONDIT	ION GIVEN IN PART 1/a	\		
					, the recondence of	rust ou coupli	TOTA DISCUS HA EMKI I (G	1		
	ATERIOSC 190. DATE OF OPERATION		GENERALT ZE  WHICH OPERATION WAS PI		20a. AUTOPSY?		20b. IF YES, WERE FIR	HDINGS (A)	ICIOSOTO NI CO	TITUTALO
	ATPERTOSC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER		TO STATE OF THE ST	ENI ONNED			CAUSES OF DEATH?		DINCKED IN USA	TIFTING
	2 o ACCIDENT WAS UNDER	LYING 216 TIME	OF INHIDA	191, U/	YES XX	NO []		YES	103	
	G OR CONTRIBUTING CAUSE OF	DEATH HOUR A M	. Month Day Year		JW INJUKT DECURKI	to (toler not)	re of injury in Part 1 ar	Port 2, Ite	m 18.)	
		aminer)   P.M 21e. PLACE OF INJURY		9   CTORY 1   21f   EC	CATION Street or	RED No.	City or Town		County	State
ı	While Not while at work						,		County	3.mg
ı	22a. I certify that	(this haspital) at	ttended the deceas	ed fram	4/21/69	_, 19	, ta <u>6/20/</u>	6919_	, that	(I)X(we) last
П	saw the decease	I dive on	) (dudicat) y lew the	body after a	d that in-(my) (i	aur) apinian	death accurred an	the date	and hour a	nd fram the
П	22b SIGNATURE	ave, (t) (we) (ulu	(and worl) yiew ine	buay uner c	Jedin.			1 02 04	TE CLOUED	
Т	Tell the	men Ci	· For.	DEGR	ATTENDING	MED	STAFF	. 1	TE SIGNED	
	22d PHYSICIAN'S	. 00	1.10	DEGK	22e ADDRESS	DIRECTO	OR THYS	6/	21/69	
Т	MASIC (Tyme)	ONSO A. L	ODER M. D.	U'		and tol	Fort Vorm	1 500	low-low	a
-	-			45.144			Fort Howa			
2		3b. DATE	23c NAME OF			23d	LOCATION (City or Tow		(County)	(State)
ŀ		6-25-6	1 3 5 6 7 7	more N	Mational	Brid b Su su su	Baltimor	e, Ma	ryland	
ď	4. FUNERAL DIRECTOR		ADDRESS	Balto,	Md . 25a	JHN 9 5	STR 969 256 00	PIRAR S SO	GNATURE	e.
T	Arlington S.	Phillips	1721 N Mc	mnoo	DATE DATE	TE VIII W	1000		1 6	-



1	DIVIS	ION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BALTI		
3.	07910		RTIFICATE OF DEATH		07904
	DECEASED NAME First (Type or print) DAN IEL	CALVERT	BARNES	2a. DATE OF DEATH Manth	2b HOUR 69ear 11:45Pm
L		NEGRO	S. DATE OF BIRTH 1/19/99		IF UNDER I YEAR F JNDER 24 HRS HOURS MIN.
70 (0	. BIRTHPLACE (State or foreign 7b CITIZ MARYLAND U	S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH BALTIMORE COUNTY	Md.
- 1	ORT HOWARD	11 NAME OF HOSPITAL OR INSTITUTE OR INSTITUTE OF HOSPITAL OR INSTITUTE OR INSTITUTE OF HOSPITAL	PITAL 120 USUA.	OCCUPAT ON (Kind of work done of at working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
13a odi	USUAL RESIDENCE (Where deceased lived, mission) STAPTARY LAND	if institution. Residence before 1 COUNTY S COUNTY	3c. CITY OR TOWN 13d INSIDE CITY JW DAMERON YEX NO	13e. STREET AND NUMBER	
14.	FATHER 5 NAME FIRST  DAN IEL	Middle Lost D. BARNES	IS. MOTHERS MAIDEN NAME FIT	SI Middle EPHINE	MASON Lost
16	a. WAS DECEASED EVER IN L. S. ARMED FORCI Yes, Do. Orunknawn) (If yes pive water dates of WW. 1100	,	70 CLIN REC. VAH,	FT HOWARD, MARYLA	MD
	18. CAUSE OF DEATH (Enter only one co	use per line far (a) (b) and (c)) (a) CARCINOMA OF	PANCREAS WITH MET	ASTASES	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
	Canditions, if any, which gave	to, or as a consequence of (b) ARTERIOSCLER(	OTIC HEART DISEASE		NFARCTION
	stoting the underlying couse	TO, OR AS A CONSEQUENCE OF  (c) BRONCHOPNEUM	ONIA		
10. Final Part 13. 13. 13. 14. 14. 16. 16. 16. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE ORCC	INDITION GIVEN IN PART 1(a)	
ZI F CATION		N FOR WHICH OPERATION WAS PERFO	YES 🔏 NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	YES
MEDICAL CERT	210 ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH HO (If either, notify medical examiner)	D. TIME OF INJURY DUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Ite	m 18.}
WE	White Not while I	INJURY (AT HOME FARM, STREET FACTOR OFFICE BUILDING, ETC	Y.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	22a. I certify that (this haspi saw the deceased alive an- causes stated abave (t) (w	tal) attended the deceased 6/8/69 19	fram 5/24/69 , 19	, ta_ <del>6/8/69, 19</del> ian death accurred an the date	, that (f) (we) last and haur and fram the
,	22b SIGNATURE	West m		D STAFF 22c De	TE SIGNED /9/69
MEDICAL CERT F CATION	22d PATSKIANS TAME (Type) JOHN D. TA	LBERT, MC D.	22e ADDRESS VAH FORT	HOWARD, MARYLANI	)
230	BUR AL CREMATION, 23b DATE BUR AL CREMATION, 25/12/	69 ST. PETE	R CLAVIERS	RIDGE, MARYLAN	
	JOHN M. WELCH	ROBÍNSON LEONARDIO	FUNERAL HONE RECD BY WIN. MARYLANDATE JUI	REGISTRAR 256 REGISTRARS SI	



	1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	FOR STATE HEALTH DEPT.		07911 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07905
	2, any delay 15 PM President	3 : 7a,	(Type of Print) JOHN W. BAUN GARTNER DEATH MATED JUN	Yeor 1969 25 MA
(	14 G E 44	L	CITY OR TOWN OF DEATH    11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol give street address)   12a USUAL OCCUPATION (Kind of work done during most of working life, even if refired.)    USUAL RESIDENCE (Where deceased lived, if institution is residence before 13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER	126 KIND OF BUS NESS OR INDUSTRY
	BALTIMORE A 24 habys affection lem 12 Given r's Office along ss land 2 with	4,	FATHER'S NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle  WILHELM BAUMGARTNER	JERSE Y Lost
	STREET, By within 24 in pencil in Examiner's File pages	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO VIOLA BAUM GARTNER	A BOVE
	e executed pending" in set Medical Esit permit. Fiscent within		18 CAUSE OF DEATH (Enter only one couse per line fords), (b), and (c) PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) ## — 5 — C — V — When the course of the	BETWEEN ONSET AND DEATH
VITAL RECORDS, 301 W. PRESTON STREET, This certificate should be executed within cate, writing the ward "pending" in pencil be forworded to the Chief Med cal Examine be seed as a Ilurial-transit permit. File page of removal, and in any event within 72 hour			Conditions, if any, which gove rise to immediate cause (o), storting the underlying couse last (c) (c)	
1/2	VITAL RECORDS, This certificate strategies, writing the see forworded to	gug	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  195. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	N OF VITAL REC IER: This certificate, writing cauld be forward es.	1 E	WAS PERFORMED?  210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Vetr 21c HOW JAHORY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 1 or Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 2, it HOW DAY OCCURRED (Enter nature of injury in Port 2, it HOW DAY OCCURRED (Enter nature of	YES NO
		MEDI	CAUSE OF DEATH  21d INJURY OCCURRED WHILE AT WORK  AT WOR	County Stote
•		ir ta burial,	22a. I certify that I took charge of the remains described above, held on Autapsy, Inspection, Inquiry  death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL	and in my opinion
	TO DEPUTY MEDICAL necessary, please exe the funeral director F 5 may be retained fo 0 FUNERAL DIRECTOR Health for or to burion	230	EXAMINER'S NAME (Type) HELVIN B. DAVIS M.D. ADDRESS (SMESS OF 1849) OF OND R.D. ADDRESS (SMESS OF 1849) OF OND R.D.	16/69 21722 DINDALK 4/6 ((County) (Stote)
	VR A15ME (%)		REMOVAL (Specify) 6/16/69 OAK LAWN BALTO.  FUNERAL D RECTOR  ADDRESS  250 REC D BY REG STRAR  250 PEG STRAR  250 PEG D BY REG STRAR  250 PEG D BY REG STRAR  250 PEG D BY REG STRAR	no.
	10M - 1/695	1	. B. CONNELLY SONS 300 MACE WIN 19 1969 1	77 70



		1			D STATE DEPARTMENT OF HEAT		
			07912		301 W. PRESTON STREET, BALTIMOI		08000
			TOTACED MANE		ERTIFICATE OF DEATH		07906
	fureral Tureral		ECEASED-NAME First Price	Middle Maywood	lost 20 Benjamin <b>Sr</b>	DATE OF DEATH  Month Day  June 20.	Year 9:30 M
	ie de la	3 5	X	4. RACE	5. DATE OF BIRTH	A AGE (In years	FUNDER I YEAR IF UNDER 24 HRS.
			male	white	Feb. 12, <b>188</b>	last birthday) MC	ONTHS DAYS HOURS MIN
	thour there.	7o ເຄນ	BIRTHPLACE (State or foreign 7	U.S.		UNIY OF DEATH	
	Aithin 2.		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS GIVE SLIGET ADDRESS ROE	TITUTION (if not in hospital   120 LSUAL OCI	UPATION (Kind of work done working its, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
	inted w implete	130			13c city or town   13d MSIDE CITY LW 152   Parkville   YES   NO	13e STREET AND NUMBER 8615 Black Oa	k Road
	d d	14	ATHER'S NAME First	Middle Lost	IS MOTHERS MAIDEN NAME FIRST	Middle	Lost
	be a di		Millard Goo	rge Benjamin			,
	physician and campletely filled in being please remayered by papers.		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give war	FORCES? 166 SOC AL SECURITY N	9369A Records: SPRI	G GRO'E ST: E H	03P. 4.T
F6 + requires that the death cert of physician.	quires that the death cophysician. Signed by the attending burial-transit permit. The burial, cremation, or rem	NC.	PART I DEATH WAS CAUSED FINMEDIATE  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	One couse per ine for (o), (b) and (c) or (c) or (d).  OUSE (o)  DUE TO, OR AS A CONSEQUENCE OF (b)  DUE TO, OR AS A CONSEQUENCE OF (c)  TIONS CONTRIBUTING TO DEATH BUT NO		ected	APPROX MATE "HER.A" BETWIEN OWSET AND DEATH
y	The lay attendated has be se as the prior	CERTIFICATION	190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? YES NO 1	20b IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
	he haspital or attending the haspital or attending this certificate has been letached for use as the Beet, of Health priar fa	MEDICAL CER	210 ACCIDENT WAS UNDERLYING  OR CONTRIBLTING CAUSE OF DEATH  (If either, notify medicol exominer	21b TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19	21c HOW INJURY OCCURRED (Enter potus		n IB)
	the harthis catach	2	While Not while at work	VOTREE BUILDING, ETC.	ORY ) 21F LOCATION Street or R.F.D. No.		County State
	OR ATTENDING PHYSICIAN: The law re be retained by the haspital or attending JIRECTOR: After this certificate has been e. 3 shauld be detached far use as the ed with the State Dept. of Health priart a		causes stated above, (	haspital) attended the decease e an <u>June 20</u> 19 1) ( <b>XX</b> ) (did) <b>XX</b> (XX) view the b	d from <u>Narch 18</u> , 19 <u>69</u> 2009, and that in (my) ( <b>XX</b> ) apinian ady after death.	ta_June_20_, 19_death accurred an the date	69, that (I) (We) last and have and from the
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shau-d be filed with the		22b SIGNATURE	uan	DEGREE PHYS MED DIRECTO	R PHYS. D Ju	re Signed ne 20, 1969
	SPITAL 4 may IERAL or, pa d be fi		22d PHYSIC AN S NAME (Type) Rafael	Marin, M.D.		GRO E STATE HO core, Lar/land 2	
	Page 4 may b TO FUNERAL D director, page shau-d be file	23a	BURIAL, CREMATION, 23b DA'		EMETERY OR CREMATORY 23d on Cometery		(county) (State)
	. DAs	24	Burial 6/2 FUNERAL DIRECTOR		David David 250 RECD BY REG	Baltimore Count	MAT. 10 C
	VR A15 45M 1	1	Villiam E. Johns	on Baltimore	, Maryland DATE UN 2	1 1969 gilians	ay Judge



1 /	1	07913 DIVISION	MAF OF VITAL REC	RYLAND STATE DE: ORDS, 301 W. PREST	PARTMENT OF ON STREET RAIT	HEALTH IMORE MARY	IAND 21201	
FOR STATE		em#5, FilmGhlh					DATE TITO	07907
HEALTH DEPT.	1	DECEASED NAME (Type or Print)  RICHA		M.ddie DAV LD	lost BEYE		20 DATE KNOWN M M OF ESTI- DEATH MATED 6	
M3. Po	3.	Male White	S DATE OF BIRTH	ast birthday)	s IF UNDER 1 YEAR MONTHS DAYS RS	HOURS MIN.	2c. DATE PRONGUNCED DEA Month Doy	
S. S	70 cau	BIRTHPLACE (State or foreign narry) Balto. City	76. CITIZEN OF WHAT		MARRIED NEVER MAI	RRIED 9. CO	UNTY OF DEATH BALTIMORE	
offer death of Sive Pages, olong with the State.		CITY OR TOWN OF DEATH Reisterstown o:		e OF HOSPITAL OR INSTITUTE per oddress) r. Martin J.			CCUPATION (Kind of wark d Mayorking life, even if retir	
rs after 18. Give e olong 2 with death.		. USUAL RESIDENCE (Where deceased admission) STATE Md.	ed lived, if institution 13b COUNTY		TY OR TOWN 13	d. ARSIDE CATY LIMITS?  YES NO	13e. STREET AND NUMBER 319 Wemb1	ey Road
24 hours a in Item 18. r's Office of ser land 2 wins offer dec	14.	FATHER'S NAME First Gregory	Middle A.	Beyer	15. MOTHER'S MAII	DEN NAME First Elizabe	Middle	Harrison
VER: This certificate should be executed within 24 hours after death certificate, writing the word "pending" in pencil in Item 18. Give Pagnauld be forworded to the Chief Medical Examiner's Office olong with les. should be used as a burial-tronsit permit. File pages Pand 2 with the Station, or removal, and in any event within 72 hours offer death.		WAS DECEASED EVER IN L.S. ARMED F lost bg, or unknown) (If yes give	ORCES?	None	17 INFORMANT Mr. Grego	лу A <b>.</b> Ве	ADDRESS Lyen Reisten	stown, Md.
nding" in Medical Ex permit. Fi		TB. CAUSE OF DEATH (Enter online PART ). DEATH WAS CAUSED IMMEDIA		for (a), (b), and (c)) tracerebella:	r hemorrha	ige		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. Fevent within		Conditions, if any, which gave		A CONSEQUENCE OF				
should be e ne word "per o the Chief I burial-tronsit		rise to immediate cause (a), stating the underlying couse last		A CONSEQUENCE OF				
certificate should writing the word orworded to the Cl used as o burial-tra noval, ond in any	_	PART 2. OTHER SIGNIFICANT (OND	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART I(o)	
This certificate strates, writing the be forworded to d be used as o b or removal, and	CERTIFICATION	190. DATE OF OPERATION	19	b. Condition for which c was performed?	PERATION			20. AUTOPSY? YES X NO
NER: This certificate, hould be fo the should be to should be used	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH		IURY Manth, Day, Year	21c HOW INJURY OC	CURRED (Enter notu	ire of injury in Part I or Par	
5 3 4 5 5 5	MEC	21d (NJURY OCCURRED 21e F	PLACE OF INJURY (At I tory, office building,		21f. LOCATION Street	ar R.F.D. Na	City or Tawn	County State
bical EXAM bleose execute the director. Poge 4 etained for your DIRECTOR: Poge or to buriol, crem			ook chorge of the	remoins described abo	ve, held an Auta		spection, Inquir	y 🔲, and in my apinion
5 Se Fire 5 5		death resulted fram	Natural causes	Accident [],	Suicide ,	Homicide	, Undetermined mar	nner 🔲
		ACTUAL SIGNATURE	<u> </u>	Jo Sal		EF MEDICAL EXAMIN ISTANT MEDICAL EXA	AMINER X 22b	DATE SIGNED
- W-11 EE		EXAMINER'S Charle	es S. Spr	ingate, M.D.		JTY MEDICAL EXAMI RESS(Street, Gty, to		ne 29, 1969
TO DEPU necesso the fun 5 may TO FUNE Health	230		DATE 1,69	23c. NAME OF CEMETER		. 23d.	LOCATION (City or Town)	(County) (State)
VR A15ME (5) 10M REV 1/68	24.	FUNERAL DIRECTOR J. F. Eline & Si		ADDRESS terstown, Md		25a REGID BY RE	GISTRAR 256. AGGISTI	RAR'S SIGNATURE

1 . 1 . . 1

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	It	em#5, FilmGull 7/9/MEDIGAL EXAMINER'S CERTIFICATE OF DEATH	07908
HEALTH DEPT.	1. D	CEASED-NAME First Middle Last 20, DATE KNOWNE 1 Month	Doy Yeor 26 HOUR
Page Page		ANDREW JOSEPH BICKEL DEATH MATED	19 M
deloy metal	3 \$		Year 60 5 - 20
		11e White AUG //1914 54 YRS MONTHS OAYS MOURS MIN Month June Day 20  1RTHP ACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1969 5:30p
A PERSON	COกม		11.1
45 65	1D. 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane	Md 12b KIND OF BUSINESS OR
hours ofter death frem 18. Give Pog Office along with land 2 with the Ste ofter death.		Woodlawn 6620 Kilmernock Dr. 2727 EEPER	INDUSTRY
hours ofter de Item 18. Give f Office olong wi land 2 with the		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b STREET AND NOMBER	
urs ce o ce o d2 w		Md.   Balto   Woodlawn   Bull   6620 Kilmern	
24 hours offer death in Item 18. Give Page Pres Office along with the Stay rs offer death.	14 h	THER'S NAME First Middle LOST IS MODER'S MAIDEN NAME First AND MIDDLE MI	Lost
P Solution of Solution		VAS DECEASED EVER IN C S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 14 ADDRESS 15 A	UC.t.
The state of the s		18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)	APPROX MATE INTERVAL
cute ng" dicol		PART DEATH WAS CAUSED BY.  IMMIDIATE CAUSE (6) Arteriosclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. Pevent within		DUE TO, OR AS A CONSEQUENCE OF	
d 'pe Chief		(anditións, if any, which gave nise to immediate cause (a), (b)	
This certificate should total, writing the word be forwarded to the Ch. I be used as a buriol from removal, and in any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the strain of th		(c)	1.
ficot find rded os c	25	THE PART OF THE PROPERTY OF TH	
is certific te, writin forword forword e used or removal,	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
his ote, of the form	RTIFE		AEZXX NO
= -0 0	MEDICAL CI	210 EXTERNAL CAUSE WAS   21b TIME OF INJURY Month, Day, Year   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, the PRIMARY OR CONTRIBUTING   HOUR A M.   P.M   19	m 18 )
	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAM to rescute the formal forma		AT WORK AT WORK	
ICAL E executor. Page for CTOR: buriof,		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
please e please e I director retained DIRECT or to bu		death resulted fram: Natural causes XX Accident [], Suicide [], Hamicide [], Undetermined manner [	
EPUTY BICC. SSSORY, please if funeral director by be retained by be retained by here in prior to but the prior to but the prior to but the but		ACTUAL CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER XXX 22b DATE S	IGNED
uny, any, nero be ERA		DIGNATURE TO THE PROPERTY OF T	21, 1969
ದ ೪ ೯ ೯ ೯ ೦		NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	
01 10 10 10 10 10	23a	BUR AL, (REMATION, 236 DATE 23c, NAME OF CEMETERY OR (REMATORY 23d 19CATION (City or Town)	(County) (State)
	1/4	SUPCIAL DIRECTOR DIRECTOR ADDRESS DECEMBER 1250 REGISTRAR 250 REGISTRAR S	2 CMATURE
VR A15ME (5)	-	1 decurary 606 7 Hard Rel DATE JUN 2 7 1969 yours	
10M REV 1/68\ \#\		CO JOHN TO THE TOTAL TOT	1

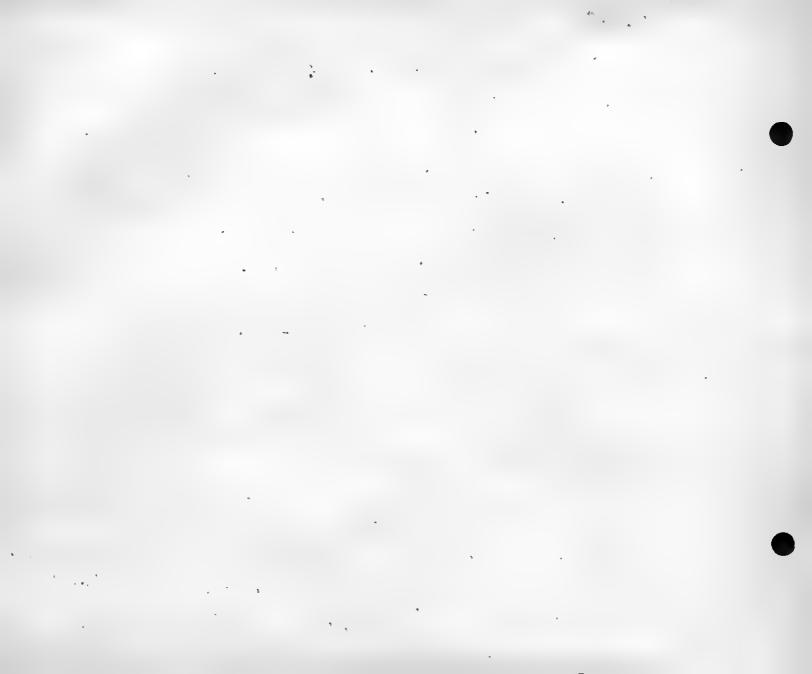


To a large	07915	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		07909
	(Type or print) W	ILLIAM EDWARD	BICKFÖRD	20. DATE OF DEATH  Month  Day	26 HOUR 26 HOUR 26 HOUR 26 HOUR
	YALE PALE	4 RACE WHITE	5 DATE OF BIRTH 4/12/19	6 AGE (In years last birthdoy) YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
i A	BIRTHPLACE (State or fore gn	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIEN NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH BALTIMORE COUN'	ry Md
231	CITY OR TOWN OF DEATH BALTLORE	UET Altri HOS	SPITAL dumport	AL OCCUPATION (Kind of work done lost of working life even if retired.)	126 KIND OF BUSINESS OR CONSTRUCTION
13 od	mission) STATEARYLANI	eosed lived, if institution Residence before 136 COUNTY		im 15°   13° STREET AND NUMBER   5006 E. Oliv	er Street
4 14	FATHER'S NAME First PETER	Middle Lost J. BICKFORD		First Middle EnvI-IA A.	PRITTS Loss
10	WAS DECEASED EVER IN U.S. A	RMED FORCES? - 166 SOCIAL SECURITY VILLE 220 10 14		, VA HOSP. FT HOWA	RD, MD.
Mental reprinting to the control of	PART I. DEATH WAS CAU IMME Cond t'ons, if ony, which gov rise to immediate couse (a stating the underlying cous lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF	A OF ESOPHAGUS	CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 2 YEARS
SPITEICATION	190 DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	PREFORMED 200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICALCE	OR CONTR BUTING CAUSE OF D	EATH HOUR A.M. Month Doy Yeor miner) P.M.	9	r noture of ग्वापाप क Part 1 or Port 2, 1	tem 18.)
*	While Not while at work	E PEACE OF INJURY ( AT HOME FARM, STREET, FA			County State
	22a. I certify that {t}x saw the deceased causes stated aba	this hospital) attended the deceas alive an6/30/69 ve, (IX(we) (did) (diX200 view the	ed from 6/20/09 , 19 19, and that in (nsy)(aur) ap bady after death	, to_O/OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	, that (f) (we) last e and haur and fram the
	22b SIGNATURE	so 9 Augo	DEGREE PHYS D	AED STAFF 22c D	ATE SIGNED 5/30/69
1		ARD J. BUNYOR, M. D	· VAH FORT	HOWARD, MARYLAND	
23	BURTAL (Spec fy)		CEMETERY OR CREMATORY NS OF FAITH CELETEI		(County) (Stote)
38 3	UNERAL DIRECTOR		FUNERAL HOME 250 150 8	Y REGISTRAR 1969 2Sb. REGISTRAR 5 S	Cas Judge

1 1		02046	DIVISIO	N OF VIT				ENT OF HEAL EET. BALTIMOR	TH E, Maryland 21	201		
		07916			,		ATE OF I				079/	0
		CEASED-NAME First ype or print)			M:ddle	D4	lost emer	2a.	DATE OF DEATH Month	Doy	1969	2b. HOUR
3	3. SEX		Gir 14 RACE			נס	5 DATE OF BIR	TH	6. AGE (In ye	ars I		10:25M
			J. INITEL	T.B. # 4.	_				lost birthdox	YRS.	ONTHS DAYS	HOURS MIN
ŀ	7n R	RTHPLACE (State or foreign	7h CITIZEN	Whit		8 41400150 [		25, 1969	UNTY OF DEATH	TK3. ]		16
ľ	COUN	Maryland	70 CHILLI	USA	JUNIAN:	WIDOWED [	NEVER MARR	TED4F6	Baltimo			AA.I
h	ID. CI	TY OR TOWN OF DEATH			OF HOSPITAL OR INS	L			UPATION (Kind of work	done	12b KIND OF B	Md.
,		Towson		give street	St.	Joseph			working life, even if re		INDUSTRY	D07316,00 516
	l3a	USUAL RESIDENCE (Where decease	d aved, if	implify sings	Danidanca balana	13c CITY OR		3d. INSIDE CITY LIMITS?	13e. STREET AND NUM			
	JULI I	osion) STATE (where deceases ision) Maryland	130. (0	Bal	timore			YES NO DE	4018 Put	ty Hi	Ill Ave	. 21234
	14. F	ATHER'S NAME First	M	ıddle	Lost	15	MOTHER'S MAI	DEN NAME First	Mi	ddle		Last
		George			Biemer			Dorot	hy Ed	na	Wil	d
, i		WAS DECEASED EVER IN U.S. ARN is, ng, or unknown)   {  Fyes give w			. SOCIAL SECURITY A	10 17 11	FORMANT		Add	dress		
	- 16	TI (10 got with the part of th			None	G	eorge B	iemer 40	18 Putty Hi	II A		
		IB. CAUSE OF DEATH (Enter onl	y one couse	e per line fo	r (a), (b), and (c).	)					APPROXIMU BETWEEN ON!	ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA	BY Te cause (c	)Im	maturity	<b>7</b>						
	-	777x			CONSEQUENCE OF							
	- 1	Canditions, if any, which gove		b)								
1	- [	rise to immediate couse (a), stating the underlying cause			CONSEQUENCE OF							
П		last )		(c)					<u> </u>			
		PART 2. OTHER SIGNIFICANT CON	DITIONS ÇO	NTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(0)			
	NO	19o. DATE OF OPERATION 19b.	ONDITION	OD WHICH O	PERATION WAS PER	DEODAMEN	100- 11/700	rva	20b. IF YES, WERE FIN	DINCE CON	SUDERED IN ST	TIEVING
	CERTIFICATION	170. DATE OF OPERATION 170.	NUTTURO.	TOK WITH U	JEKATIUN YVAS PEI	KTUKMED	20o. AUTOP		CAUSES OF DEATH?	DIMOS COM	DIDEKED IN CER	HITTING
	ERT	210 ACCIDENT WAS UNDERLYIN	3 (21)	TIME OF INJ	IDV	11, 110	_	NO DE	e of injury in Port 1 or	Dont 3 11-	10.1	
		OR CONTRIBUTING CAUSE OF DEATH	HOUI	R A.M. M	onth Doy Yeor	ZIC, MC	TY INJUKT UCCU	אגבט (נחזפו חסוטה	e or injury in Port 1 or	ran 2, Ite	m 16.)	
I		(If either, notify medical examinated 21d. INJURY OCCURRED 21e.	er)	P.M.	OME EARM STREET FAC		CATION FA	DED No	City or Town		Country	Stote
		While Not while of work	FIACE OF II	DEFI	OME, FARM, STREET, FAC CE BUILDING, ETC	J ZIT LO	CATION 21/881	OF K.P.D. NO.	CITY OF TOWN		County	71018
		22a   certify that 25 /thi	s hasnita	l) attende	ed the decense	ed from	une 25	. 1969	to June 25	19 F	29 that	M (we) lost
		22a. I certify that (19) (thi sow the deceased of	ive on	June	25.	9 69, one	that in (25)	) (our) opinion	deoth occurred on	the date	ond haur a	nd from the
	ŀ	causes stated abave	, ( <b>))</b> (we)	(did) (did	view the	body after a	leath.	* 3   1				
		22b. SIGNATURE	1	1	^		ATTENDING	G I MED.	STAFF CO	. 1	TE SIGNED	
		mul	W		lanco	DEGR	EE PHYS	DIRECTO	R STAFF PHYS.	Jur	ne 25,	1969
1		22d. PHYSICIAN S NAME (Type) Toward	, .	, /.	Mr. D		22e ADDR				34.0	
1		TIMET		lanio				lork Ro	ad Baltim	ore,		21204
1	23a	BUR AL, CREMATION, 23b. I REMOVAL (Specify)			23c. NAME OF				LOCATION (City or Tow		(County)	(Stote)
1	04 1	REMOVAL (Specify) Burial 6- UNERAL DIRECTOR	<u> 26–19</u>	69	Garden	s of F	aith	2So. REC'D BY REG!	Fullerton	STRAR S SIG	Balto.	Nd.
ľ								DATAUN 3			An Local	0.00
),	T.	assahn Funeral	Home	71.07	Balair	Road O	1 236	DATOUTY D	J JOJ A	- Calif	The Party	-



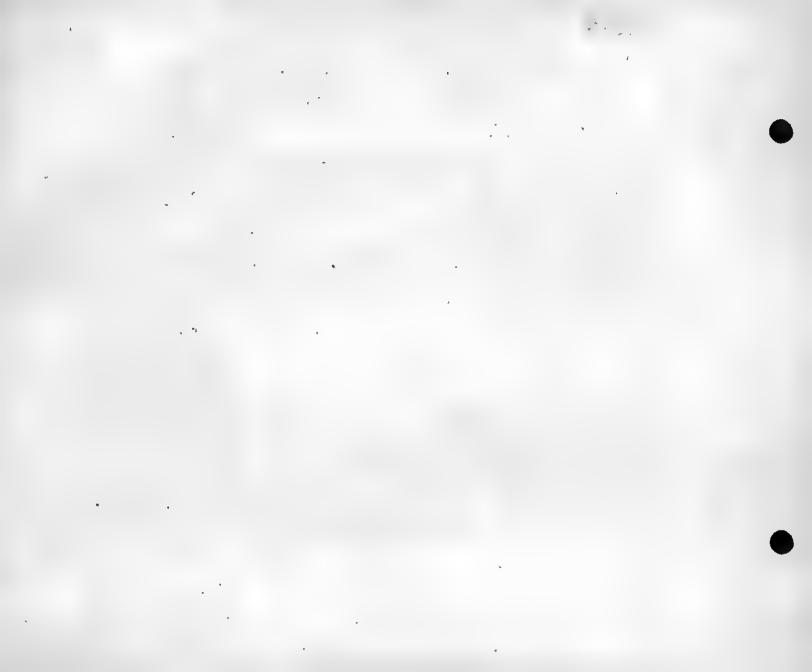
		MARYLAND STATE DEPARTMENT OF HEALTH	
 41		07917 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH 07911	
death. merol ond 2		receased NAME J. First Raymond Billings ley 20. DATE OF DEATH Type or print) J. First Raymond Billings ley 20. DATE OF DEATH Day 30 Year 469 A	IDUR OM
offer offer	3 58	EX  4 RACE  5. DATE OF BIRTH  6. AGE (In years   f Junder 1 year   if	24 HRS M.H.
in bo		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   10 MINOR   10	Md
within 24 within 7 within 7	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12b KIND OF BUSINESS during most of working life, even if retired)	OR
4 =		Glen Arm  Hillside ave  US.A. RESIDENCE (Where deceased lived, if institution Residence before list CITY OR TOWN list NASION STATE Md. list COUNTBalto Glen Arm YES NOX Hillside avenue	
yecu moveny e	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost	
anc anc in a		JESSE BILLINGSLEY MOLLIE FOARD	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compled director, page 3 should be detached for use as the burial-transit permit. Then please remave ca should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any even	160 Y	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po. or unknown)    Vis. po. or unknown   Vi	
certing bh	F	18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)	
ath it. T		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYOUSY OLL / SLOW 1 PROCESSION OF THE CAUSE (b)	L
e de offerm		14/109 DUE TO, OR AS A CONSEQUENCE OF	
the the sation		Conditions, if aby, which gave)	
tha an. by rran		nse to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ries ysici	ı	lost. (c)	
The low requires the ottending physician. has been signed by se as the buriol-traff the prior to buriol, are	ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
or the present of the	[ 등	190. DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING	
he I offer I o	CERTIFICATION	YES NO CAUSES OF DEATH?	
or o		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18.)	
ICIA pital pital d fo of H	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Heolth prior to	¥	21d INJURY OCCURRED While Not while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street at R.F.D. No City or Town County Street wark	tote
ING Oy til Ter To te to te		22a   certify that (I) (this haspital) extended the deceased from 19 to 3 to 3 to 1967, that (I) (w	e) lost
END led to	1	sow the deceased clive on	m the
ATT ATT Short ith t		226 SIGNATURE A #	1 0
OR De re	L	William a. Typon DEGREE PHYS DIRECTOR D STAFF July 1, 14	69
May   May   May   Mar		22d. PHYSICIAN'S NAME (Type) William At. Tason 22e ADDRESS Kings. 1/1- Md.	
IOSF JOSF UNE ector	23a	BURIA., CREMATION, 23b. DATE 23c NAM OF CEMETERY OR CREMATORY 23d. LC ATION (City or Town) (County) (Stote	)
TO HOOP Page of Fundamental Should		REMOVAL (Specify) 1 7/3/69 Waugh Chapel Cem. Baltimore Co. Md.	
VR A15 (4) ≥	24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR SAIGNATURE	•
30M REV. 1/68		C.F. EVANS & SON 8802 Harford road	



d	16	1	07918	DIVISIO	MAKYLAN N OF VITAL RECORDS			IENT OF HEA REET, BALTIM		YLAND 21201		
1		ı	(////			CERTIFIC					079	12
	decut.		Type or print)  A	URICE	Middle W •	BIRCK	lost HEAD		2a DATE OF	DEATH Month D	6 y 6 y or	2b HOUR 5:00Am
	the source of th	3. S	MALE	4. RACE	NEGRO		S DATE OF BI	RTH 5/28/20		6. AGE (In years last birthdey)	SF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	in 24 hours filled in by 1 papers. Pa hin 72 hours	7o.	BIRTHPLACE (State or foreign natural) RIARYLAND		OF WHAT COUNTRY?	B MARRIED [	NEVER MAR	RIED 7.	COUNTY OF BALT			
	vithin 24 ho		CITY OR TOWN OF DEATH FORT HOWARD		11, NAME OF HOSPITAL OR IN give street address) VET ALM		ot in hospitol	120 USUAL C	OCCUPATION	(Kind of wark dane ife, even firetired)	TWDUSTEA 13P KIND OF I	Md BUSINESS OR STATION
	completely completely event, with	13a adri	USUAL RESIDENCE (Where decension) STATE PLARYLAN	D 3b COL	Institution Residence before	SALIS		13d. INSIDE CTY LIMITS YES NO		eet and number 2 E. Chui		et
	be exe ond co e remo	14.	FATHER'S NAME First FMORY	Mi	ddle tost BIRCHHEAD	15.	MOTHER'S MA	ODEN NAME First	IZA	Middle RI	DER	Lost
	ifficate hysiciar n pleas val, and	160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECURITY 218 05		FORMANT LIN.RE	CORDS,	VA HOS	P. FT HOW	ARD, MD.	a a
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e haspital at attending physician. It is certificate has been signed by the attending physician and completely filled in by the forestatated for use as the burial-transit permit. Then please remove action papers. Pages the both of the plant of the		41)9	ED BY IATE CAUSE (o' DUE TO	O OR AS A CONSEQUENCE OF	INFARCT		Man I Tan I		OT LOCATE	APPROXIMEN OF THE PROPERTY OF	AATE INTERVAL USET AND DEATH
109	uires that the system of the s		Conditions, flany, which gave rise to immediate cause (o), stoting the underlying cause lost	DUE TO	O, OR AS A CONSEQUENCE OF RUPTURE HE.	ART WIT	H CARD	TAC TAME	PONADE			
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	ar after tre has use a alth pr	CERTIFICATION	210 ACCIDENT WAS UNDERLY	NG 121h T	IME OF INJURY		YES 🗀	№ 🗀	CAUSES	OF DEATH?		
	s PHYSICIA) the haspital this certifica detached far e Dept. of He	MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (If either, notify medical example 21d INJURY OCCURRED 21d	iner)	P.M.	9		t or R.F.D. No.		ar Town	County	Stote
	DING PHYSICIA I by the haspita After this certific De detached if State Dept. aft		of work at work		JURY (AT HOME FARM, STREET FA		1 /00 //	10		126160	,	
	retained by the ECTOR: After the State with the State		22a. I certify that (t) (t) saw the deceased causes stated above	alive an _ e, (1) (we)	(did)	9 and	that in The	(aur) apinio	in death a	ccurred an the d	ate and haur	and fram the
	OR ATTENE be retained DIRECTOR: A je 3 should ed with the		22b SIGNATURE	On.	Status	DEGRE	1 111 9		CTOR 🔲	LUI -	DATE SIGNED 6/16/69	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22d PHYSCIANS GEOR	GE C.	MELFATRICK,	м. D.	22e ADDI VAJ	RESS H FORT H	OWARD,	MARYLAN	D	
	Page 4 may by FUNERAL Director, pag director, pag			DATE /21/6	9 SPRIN	CEMETERY OR C	MEMORI	CAL GARD	ENS X	KATON STA	VIZEN, KU	o (State)
	VR A1 150	24.	FUNERAL DIRECTOR	Lira	C. EADWA	RD FUNE	TRAL HO	MIN 1 9	egistrar 1969	236 REGISTRAR	S SIC ATUR	



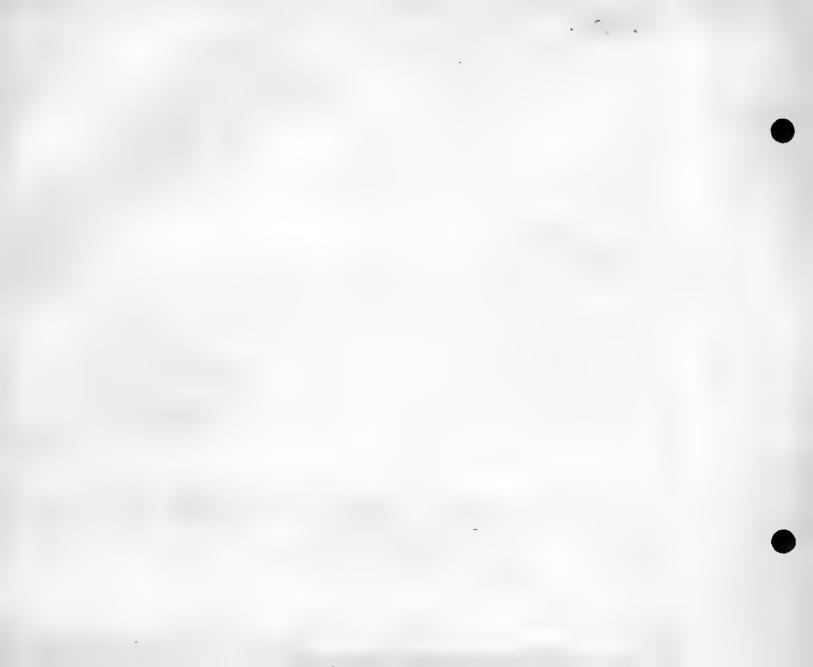
	4.1		D.O.C.CO.D.I			PARTMENT OF		ADVIAND 61	001		
		07919	DIVISION	OF VITAL RECORDS		E OF DEATH		AKTLANU 21	201	0791	1.3
er death. funeral 1 and 2 er death.			dward	Middle F.	Bitze	Lost Sr.	2a. DATE	OF DEATH  JUNEOTH	80ay	1.969	2b HOUR
requires that the death certificate be-executed within 24 hours after death 3 physician.  signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers floges I and 2 burial, crematian, or remayal, and in any event, within 72 froms after death	3. 9	Male	4 RACE	/hite		ATE OF BIRTH	1902	6 AGE (in ye			F UNDER 24 HRS. HOURS MIN
n 24 hours	tar	BIRTHPLACE (Stote or foreign intillery Land	75. CITIZEN OF U.S.	F WHAT COUNTRY? .A.	8 MARRIED N	IEVER MARRIED   DIVORCED	9. COUNTY Balt	of DEATH imore			Mc
ficate be executed within 24 sicken and campletely filled please remove carban paperly, and in any event, within 27, and in any event, within 27.		CITY OR TOWN OF DEATH  (atonsville	Ā	1 NAME OF HOSPITAL OR II	en Nursir	haspital 12a USI		ON (Kind of world ng life, even if re	k done	2b KIND OF BU INDUSTRY EVELE	USINESS OR
dmplet	ødn	USUAL RESIDENCE (Where di	1 135 COUNT	titution: Residence before	Woodlaw		LIMITS? 13e. NO 💢 7	STREET AND NUM 918 Eng		d Ave.	
eath certificate be executed with anding physician and campletely fair. Then please remove carban or remayal, and in any event, with	L	FATHER'S NAME First Fred	Midd	Bitze	1	THER'S MAIDEN NAME	2	M	liddle		Last
equires that the death certificate be-exphysician.  physician.  signed by the attending physician and burial-transit permit. Then please repuburial, cremation, or remayal, and in an		WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes	ARMED FORCES?	16b SOCIAL SECURITY 215-05-0		MANT Edith L	Bitze		Engle	wood i	Ave.
eath cei nding p nit. The or rema		18. CAUSE OF DEATH (Ent- PART I. DEATH WAS C	er only one couse p AUSED BY MEDIATE CAUSE (a)_	er line for (o), (b), and (o	))	A. r				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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requirent sign are buring to buring to buring to buring to buring to buring the b	_	PART 2 OTHER SIGNIFICAN	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OF	RCONDITION G	VEN IN PART 1(o	)		
The lay aftendi has be se as if	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO [	CAU	IF YES, WERE FIN SES OF DEATH?	NDINGS CONS	IDERED IN CER	TIFYING
C PHYSICIAN: The law requires that the dather haspital ar attending physician. This certificate has been signed by the attendance for use as the burial-transit permite Dept. af Health priar ta burial, crematian,	MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE Of life either, notify medical experiences.	F DEATH HOUR A	P.M.	r 19	NJURY OCCURRED (Ent		itury in Port 1 or	Port 2, Item	18.)	
JING PHYS by the has lifer this cal be detache State Dept.	ME	21d INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJU	RY ( AT MOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATI	ON Street ar R.F.D. N	lo. (	itγ or Tawn	(	συπτγ	State
DIN 1 by After 1 be			d alive an	attended the decea hd) (did not) view the	19 <u>6</u> 2 and th	ut in (my) (que) q	pinian deat	h acturred an	, 19 <i>6</i> the date	ैं क्र , that ( and haur a	l) (w <del>e)</del> las
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b. SIGNATURE)	H f	2, /	DEGREE	ATTENDING PHYS	MED DIRECTOR C	STAFF C	22c. DAT	E SIGNED	9
A may NERAL Itar, pa	7:	22d PHYSICIAN S NAME (Type)	har 12	Show.	MAR		nmaw		2/18	Mave-	28,184
TO HOSPII Page 4 m TO FUNER director, shauld b		RBADYAL (Specify)	June 12	,1969 Lo.	raine		Wood	Lawn	Balt	County)	(State)
VR A15 4 30M REV. 1768	R 24	FUNERAL DIRECTOR	bury, Sr.	-6411 Wind	sor Mill	Rd. DATE D	BY REGISTRAF	256. REG	SISTRARS SIG		e.



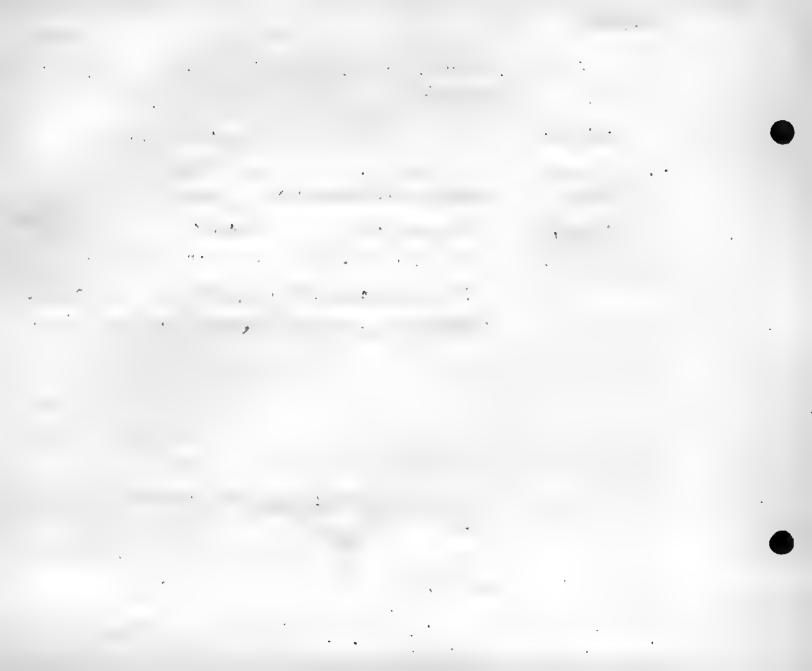
MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07920 CERTIFICATE OF DEATH 07914 Middle Last DECEASED-NAME First 2c. DATE OF DEATH 2b HOUR 24 hours after death (Type or print) Pauline Alga Blackburn 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after last birthday) female Cau. 7-21-1898 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore U.S.A. Baltimore WIDOWED | DIVORCED [X] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1G. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician. give street address) Fullerton "ei dyring most of working life, eyen i fregued) MDJSTRY Housewife Fullerton 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE N.3 13b. COUNTY ROLL to 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21236 13b. COUNTY Balto. Md. Fullerton 3h Fullerton Heights Ave. 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle last Charles Otto Seiler M. Anna Wenzel 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, py unknown) Mr. Charles Blackburn 3101 Hiss Ave. 2123 212-30-1097 1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN DISET AND DEATH - WIARCTIPH MYDEARDIAL 50 win DUE TO, OR AS A CONSEQUENCE OF HEART Conditions, if only, which gave ) (b) HETERIO ICLEROTIC ID YEARS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗀 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town State County While Not while at work 22a. I certify that (I) (this haspital) extended the deceased fram why 18, 1961, ta framework, 1961, that (I) (we) last saw the deceased alive an framework and the deceased alive and the date and have and frame the Trum 25 19 64 , that (1) (wel last causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) 6-28-1969 Moreland "emorial Baltimore Md. ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Road 21236 DATIN 3 0 1000 DELLA



1		07021	DIVISION OF VITAL RECORDS, 301 V	V. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
·		01361	CERTI	FICATE OF DEATH		07915
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the fun	3 51	* Jamala	TA RACE	S DATE OF BIRTH	6 AGE (In years last-bethday)	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
in by 2 hour	70 (au	RTHPLACE (State or foreign				
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mplered w	13a odm	USUAL RES DENCE (Where decision) STATE	- UILLA 1/11	IY, OR TOWN I3d INSIDE CITY JIM, TS?  YES NO	13e STREET AND NUMBER	P
ond ond removin only	14. [	ATHER S NAME FIRST	Middle 3 Last	15. MOTHER'S MAIDEN NAME First	Middle L	Lost
ficate t			wer or dates of service)	TO INFORMANT	Address	1 amo
certi g ph Then mov		18. CAUSE OF DEATH (Enter		ME III NOLINE	00-	APPROXIMATE PATERVAL
death tendin mit. '		PART DEATH WAS CAL	ED BY.  IATE CAUSE (0) Sypethening (	Indiovaneulas De	lease	BETWEEN ONSET AND DEATH
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ne low intending as been os the prior to	FICATION	190. DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS CO. CAUSES OF DEATH?	NSIDERED IN CERTIFYING
E P S E X	CERTH	21g ACCIDENT WAS UNDERL	NG 1215 TIME OF INITIRY 12			nm 10 )
SICIAN spital ertifico ed for		OR CONTRIBUTING CAUSE OF D	HOUR A.M. Month Day Year iner) P.M. 19	``		
G PHY the ho r this c detach	4	While Not while at work	OFFICE BUILDING, ETC	1	City or Town	Caunty State
ENDIN ned by R: After uld be the Stor		22a <b>I certify</b> that (I) ( saw the deceased causes stated abo	his haspital) attended the deceased from alive an 1960 and 1960 an	, and that in (my) (aur) apıman	death accurred on the date	27 , that (I) (we) last e and haur and fram the
OR ATI OR ATI De retail IRECTO			40. Q an 10.	ATTENDING MED	STAFF I	ATE SIGNED -4-69
PITAL of may be ERAL Doy, poge dile file		22d. PHYSICIAN'S NAME (Type) Hen	Yh. M CORKLE MO	22e ADDRESS m	h d	3/
TO HOS Page 4 TO FUN directs should	230 B	BUR AL CREMATION, 23 REMOVAL (Specify)	DATE 23C NAME OF CEMETER		SUENARM BA	(County) (State)
VR A15 45M	_		RAN 817 SCARLETT			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or attending to the page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filled with the State Dept. of Health present	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the softer death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earban pages. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death and the state of the state of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death and the state of the state of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death and the state of the state o	TO CONTRIBUTION OF DEATH  Page 4 moy be retained by the hospital or attending physician. To Funeral Director, page 4 moy be retained by the hospital or attending physician. To Funeral Directors, after this certificate has been signed by the other death companies, and the funeral physician. To Funeral Directors, and the funeral physician. To Funeral Directors, page 1 months of the other death of the other physician. To Funeral Directors of the physician of the physician of the physician. To Funeral Directors of the physician of th	DIVISION OF VITAL RECORDS, 301 V CERTIFY  TO BRITHPIAGE (Stote or foreign cannot)  To BRITHPIAGE (Stote or foreign cann	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH  1. DECEASED-NAME (Type or princit)  1. DECEASED-NAME (Type or princit)  3. SEX  2. BIRTHPLACE (Stole or foreign to Chine)  2. BIRTHPLACE (Stole or foreign to Chine)  3. SEX  2. BIRTHPLACE (Stole or foreign to Chine)  3. SEX  3. SE	1. DECEASED NAME   First   Modelle   Lost   20 DATE OF DEATH   Myseth   Day   1 DATE OF DEATH   Day   1 DATE OF BEATH   Day   1 DATE OF DEATH   DAY   DAY   DATE OF DEATH   DAY   DATE OF DAY   DATE OF DEATH   DAY   DAY



						AKIMENI OF HEAL		
11		ł	07922	DIVISION OF VITAL RECORDS,	, 301 W. PRESTO	N STREET, BALTIMOR	E, MARYLAND 21201	
			,		CERTIFICATE	OF DEATH		07916
	E 2E	1. D	CEASED NAME First	Middle	Los	st 2a.	DATE OF DEATH	2b. HOUR
	er death. funeral ; 1 and 2 fer death.	{	WONR MAN.	ELLSWORT	H BALL	LINGER	JUN Month / Day	1969 8 5 M
	d d	3. S		A PACE	S. DATE	E OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	the f		MALE	WHITE		0 Oct 19		MONTHS DAYS HOURS MIN.
	Page hours			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED 9. COL	JNTY OF DEATH	
	4 E 254	COD	to MA	U.S.	MIDOMER	_	Itimore Cou	nty. Md.
	filled filled thin 72	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (if not in has	spital 12a. USUAL OCC	UPATION (Kind of work done	125. KIND OF BUSINESS OR INDUSTRY
	d with pletely is carbon ant, wit	LM	ount Wilson	give street address) Mt. Wilson	St. Hos	BD. MAIN	warking life, even if retired)	IUDOZIKI
	ed v	13o		d lived, if institution. Residence before	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	ecuted with		ission) STATE IN D.	136 COUNTY ARROLL	NEW WIND		NONE	
	and rem	14	ATHER'S NAME First	Middle Last	_	IER S MAIDEN NAME First	Middle	lost
	ate be		ELMER	BOLLING			RY	WANTZ
	DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the hospital ar attending physician.  When this certificate has been signed by the attending physician and completely filled in by the funeral be detached far use as the burial-transit permit. Then please Terraove carbon papers. Pages 1 and 2 State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.		WAS DECEASED EVER IN L.S. ARM es, no, or unknown) (If yes give we	D FORCES? 16b. SOCIAL SECURITY 2.19-07-	no. 17 INFORMA 9624Recor		Ison State	Hospital
	g pl		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c	1.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ne death ce attending permit. The ion, ar reme		PART I. DEATH WAS CAUSED	BY: CAUSE (0) CEDET	3RAL	METATA	SES	3 100,
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	nt the the saft p	l	Conditions, if ony, which gove	GARCIND	MA DFL	UNE (SQU.	& mouse ELL	18 mo.
	hat n. yy f ans		rise to immediate cause (o). ( stoting the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF				
	quires tha physician. signed by burial-tran burial, crer		lost.	(c)				
* 6.	hys igne urio	П	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TE	ERMINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)	
$T_{\Lambda}$	ding peen seen sthe but he but	l _						
j.	law ndir bee bee ior	NO 1	190. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 200	o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	The law requires the are are a read and a read and a read a read by side. It is a read	CERTIFICAT				YES NO	CAUSES OF DEATH?	
	ar se te	1	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJU	URY OCCURRED (Enter notur	e of injury in Part 1 or Port 2, I	tem 1B.}
	YSICIAN: ospital ar certificate thed far us	MEDICAL	or contributing Cause of Death					,
	ospi cert cert hed hed	SE C		PLACE OF INJURY (AT HOME, FARM, STREET, F.	KTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County State
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital of FUNERAL DIRECTOR: After this certifical director, page 3 shauld be defacted for should be filed with the State Dept. af He		While Nat while at work	OFFICE BUILDING, ETC.	/		,	•
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	ND Sed by Id by Sed by		saw the deceased al	ive an A J VNE	19 <b>2</b> 7, and that	in ( <del>arry)</del> (aur) apinion	death accurred an the da	te and haur and fram the
	TIE GING			(t) (we) (did) ( <del>did not)</del> view the	body after death	<u></u>	220	DATE NGNED
	OR ATTENI be retained DIRECTOR: #		22b SIGNATURE	1, remin		ATTENDING MED.	R XIX STAFF STAFF	Jan 1969
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		24	FUNERAL DIRECTOR	ADDRES	S -	2Sa REC'D, BY REG	STRAR 25b REGISTRAR'S	SIGNATURE
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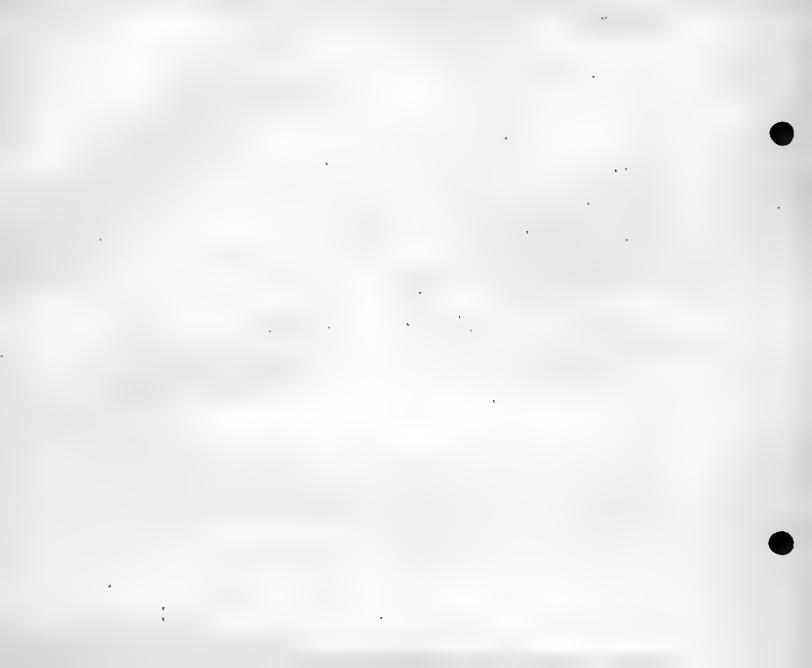
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	be executed within 24 haurs after death and completely filled in by the funeral e remave carban papers Page 1 and 2 in any event, with a 77 haurelfer death	3.	MALE	4. RACE WI	HITE	S	. DATE OF BIRTH 4-1-19		6. AGE (In years last birthous)	IF JINGER I YEAR MONTHS DAYS	IF JNOER 24 HRS, HOURS MIN
	in 24 haur filled in by papers h n 77 hos	CO	BIRTHPLACE (State or fore-gn unity)  Maryland	75 CITIZEN OF WHAT	A.	WIDOWED 2	_		unty of DEATH altimore		Md
	ed within 24 pletely filled carban pape ent, w.th n 77		CITY OR TOWN OF DEATH  Halethorpe	g ve stre		mmit A	ve.		UPATION (Kind of work dor Yorking life Exem if cetired The pect		F BUSINESS OR  1to. City
	cecoted camplet car car y event,	odr	USDAL RESIDENCE (Where deced nassian) STATE Marylan	sed lived, if institution 13b COUNTY	Residence before  Baltimore		horpe YE	INS DE CITY LIM TS?	13e STREET AND NUMBER 1808 Summit	Avenue	
(	n and ce exe	14,	FATHER'S NAME First	M ddle n H. Bonsa	Los1	15. (	MOTHER S MA DE Emily	NAME First  Gallowa	Middle		cost
~~~	that the death certificate be an.  by the attending physician oransit permit. Then please	16	WAS DECEASED EVER IN U.S. AR Yes, no ar Linknawn) (If yes give No	MED FORCES? war or dates of service)	66 SOCIAL SECURITY NO		ORMANT ald W.	Bonsa 11	Address 9 Hunter Rd		
	he death certific e attending phys permit. Then p itan, ar remaval,		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE			, , , , , , , , , , , , , , , , , , , ,				APPRO) BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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	t the a		Conditions, if any, which gave		a consequence of udden deat	th whil	le sitti	ing in c	hair probabl	У	
4	that ian. by 1 frans crem		rise to immediate cause (a), stating the underlying cause	(=)	A CONSEQUENCE OF						
18	equires tha physician. signed by burial-tran burial, cren		PART 2 OTHER 5 GNIFICANT CO	NOTIONS CONTRIBUTION	C TO DEATH BUT NOT	COTO		SEASE OF CONDITI	ON CINES IN DADY 1/->		
a	ng p ng p si si ne bu to bu			ND11-0113 CONTRIBUTION	IO TO DEATH BUT NOT	KELATED TO I	THE TERMINAL DI	SEASE OKTONDITI	ON GIVEN IN PART I(G)		
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	ICIAN: pital ar rtificate d far u of Heal	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Iner) P.M.	Month Day Year				e af injury in Part 1 or Part	2, Item 18)	
	ing PHYSICIAI by the haspital frer this certifice be detached fail state Dept. of He	W.	ot work at work	PLACE OF INJURY (AT					City or Fawn	County	State
	ATENDING PHYSICIAN: etained by the haspital ar CTOR: After this certificate shauld be detached far util the State Dept. af Heal		22a. I certify that (I) (the saw the deceased causes stated above	its hospital) attenditive an Way	ded the desensed 24, 1969 19	from , and t	1948 that in (my) ( ath	our) opinion	to <u>ABy 24,</u> death accurred an the	dote and hou	t (I) (we) lost rand from the
	OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the		226 SIGNATURE	-07.2 1)	Bo. re.	DEGREE	ATTENDING	MED. DIRECTO	R STAFF 22	2c. DATE SIGNED une 6, 1	969
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	Page To Fun direct		REMACKING 6	DATE -9-69			Cemete:	ry Wa			Maryland
	VR AT AT A	24.	FUNERAL DIRECTOR Howard H. Hubb	ard 4107 V	Wilkens Av	e. 212	29 DA	6311111	TRAPOCO 256 RIGISTRA	RS SIGNATURE	dec.



			e- e-	MARYLAN	D STATE DEPARTMENT OF	HEALIH	
1	1		07924	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
-			01002		CERTIFICATE OF DEATH		07918
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	death eral ond 2 deoth	(	ype or pnnt) LO V I	5 B. BOU	TOM	The Month Day	1969 330 AM
	a 3 a	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR   IF UNDER 24 HRS
		L	M	W	6/28/6	iast birthday) YRS.	MONTHS DAYS HOURS MIN
	hou	7a	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	24 hour		" CONV.	USA	WIDOWED DIVORCED	BALTO.	Md.
	executed within 24 and completely filled emove corbon pape ony event, within 77	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: give street address)	during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	and c remo	14.	ATHERS NAME First	M+ddle Last	15 MOTHER'S MAIDEN NAME		Last
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	attending phys permit. Then p		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line far (a), (b), and (c)		/	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
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	NG the er the deed deed deed deed deed deed deed		OLWOLK BLWGLK	is hasnital) attended the decease	ed from APR 4 4 19	51, to JUNE 7, 19	69 that (I) (we) last
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	oine Paul H H			, (I) (we) (did) (did-net) view the	bady after death.		
	OR ATTENI be retoined JIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE	1 Marcel	MEGREE PHYS.	MED STAFF 22c. C	DATE SIGNED
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	NER NER	-	51.016	- P/1 /4/66L.		dougher our.	7,221
	FOR A MAY TO FUNERAL I director, pog	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 6/10/69 230 NAME OF SACR	CEMETERY OR CREMATORY  ED HEART	23d. LOCATION (City or Town) BA170	(County) (State)
	E-5	24.	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	30M REV 1 68		CONVELLY	50 NS 301			



		Mr. Miles		D STATE DEPARTMENT OF H		
1		07925		301 W. PRESTON STREET, BALT	MORE, MARYLAND 21201	08040
and the second second			(	ERTIFICATE OF DEATH		07919
e Zae		CEASED-NAME First	Middle	Last	2g. DATE OF DEATH  ( Month 20 Doy	69 Year 26. HOUR
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	24	FUNERAL DIRECTOR	ADDRESS	250 RECD B	REG STRAR 256 REGISTRARS	SIGNATURE
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- H		03926	DIVISION OF			ESTON STREET, BA		RYLAND 21201	0.864	000
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of ter	3. 5		4. RACE			5. DATE OF BIRTH		6 AGE (In years	MONTHS DAYS	1F JNOER 24 HRS HOURS MIN
A 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_	MAIE	WHIT			APRIL 18,		last birthday) 58 YR		ITOURS BIRT
P. P. P.	7a.	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WI			X NEVER MARRIED 🗌	9. COUNTY O			
24 ed l 727	10	DELAWARE	U.S.	A	MIDOMED			TIMORE		Md
cuted within 24 days a completely filled in Days ve Tarban papers. Pages event, within 72 hours aff		TORT HOWARD	i A	AME OF HOSPITAL OR IN street oddress) VI DMINISTRAT	TON HO	SPTTAT. I		v (Kind of work doni g life, even if retired		BUSINESS OR
completely over carba	13q	USUAL RESIDENCE (Where decease	ad leved if institut	ion Residence before.	13c. CITY OR	TOWN 138 THISTOE C		TREET AND NUMBER		
and com remove		Issian) STATE MARYLAND	13P COUNTYI	VERT	PRINCE	T T MATAIT OLL		1 Box 145	)	
and rem	14. 1	ATHER S NAME First	Middle	t.ast	15.	MOTHER'S MAIDEN NAM		Middle		Last
be un a se u d in d in	<u>_</u>						LARA		RITO	HIE
ertificate be physican a nen please i noval, and in	76a Y	WAS DECEASED EVER IN U.S. ARA es. ng. gcunkpown)   (II) yes give y	NED FORCES?	166 SOCIAL SECURITY		FORMANT		Address		
phy en oval			or or dates of service)	218 05 27		inical Reds	VA Ho	spital, Ft		
at the death cer the attending p nsit permit. The matian, or remo		18. CAUSE OF DEATH (Enter on PART + DEATH WAS CAUSED	y ane cause per li	ne for (o), (b), and (c)	)	11 3 1	-	,	APPROXIA BETWEEN OF	NATE INTERVAL NSET AND DEATH
mit.		PART C DEATH WAS CAUSED	TE CAUSE (a)	atuno	ma g	The K. W	ing 10	ron chages	ncl	
oth oth jan,		1.	DUE TO, OR /	AS A CONSEQUENCE OF	,	with n	metas to	was	/	
the the Tart		Conditions, if any, which gave trise to immediate cause (a),	(b)							
by trar		stoting the underlying couse	DUE TO, OR A	AS A CONSEQUENCE OF						
equires that the physician. Signed by the burial-transit purial, crematif		last.	(c)							
OR ATENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital at attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and comple e. 3 should be detached for use as the buring-transit permit. Then please remove to ed with the State Dept of Health prior to burial, cremation, or removal, and in any event	×	PART 2 OTHER SIGNIFICANT COM	IDITIONS <u>Contribu</u>	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE (	OR CONDITION GIVE	IN IN PART 1(a)		
lay	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	2Do AUTOPSY?	20b I	F YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The at the	RIE					YES NO	CAUSE CAUSE	S OF DEATH? NO		
N.:   ar:   cate   cate   cate		21 o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			21c. HO	Y INJURY OCCURRED (E	nter nature of inju	ry in Part 1 or Part 2	! Item 18.)	
af a file and a file a	MEDICAL	(If either, notify medical examin	ier) P.M	Month Day Year						
DING PHYSICIAN: The law re by the haspital ar attending After this certificate has been be detached for use as the State Dept of Health prior to	ME	21d INJURY OCCURRED 21e. While Nat while at work 21 work	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOC	ATION Street or R.F.D.	No. City	r ar Town	County	Stote
NG terlifer d		22a. I certify that (th	s hospital) atte	ended the decease	ed fram	5/2719	69 , ta_6	5/21 1	9 69 that	00 (we) lost
ND ND Nd b		22a. I certify that:(1) (this saw the deceased a	ive an 6/	211	9.69, ond	that in (dily) (our) o	pinion deoth	accurred on the	ote and hour	and from the
aine aine haul		causes stated obove	, (I) (we) (did)	(did not) view the	bady ofter d	eoth.				
OR A DOR THE THE STATE OF THE S		22b. SIGNATURE HAS	Jo. B	ungo .	US. DEGRE	ATTENDING PHYS	MED. DIRECTOR	STAFF 22	6/23/6	9
A P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S NAME (Type) ERHAR	D J. BUN	YOR. M. D.	· · · · · · · ·	22e. ADDRESS		- 11101		
ERA Gr. 3 d be		NAME (Type)	D C . DOM	1011, 111 20		VA Host	ital. Fo	ort Howard	Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be defached far use as the should be filed with the State Dept af Health priar ta	23a	BURIAL, CREMATION, 23b I	DATE/ 10	9 23c. NAME OF Asbury	Cemetery or c	REMATORY		on (City or Jown)		(State)
	24	FUNERAL DIRECTOR	1	ADDRESS	CLAND: TOTA	FUNERAL H	BY REGISTRAD	40 CO REGISTERS	S. SIGNAPURE U.	-6.48
45M A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	sigh n Zana	no '	JUSEPH N. <del>257 S. Con</del>	ZANNIN( kling-	TUNERAL H	re.rd.	1303	J. Comment	



1	07927	DIVISION OF VITA	MARYLAND 31 RECORDS 34					201			
T+	em2a FilmGhlh	7/1/69 kk			E OF DEA		L, MARTEMED 21	201	0792	21	
1 DE	CEASED-NAME First	1/1/59 KK	Middle	IX I II I KAN	last		DATE OF DEATH			2b HOUR	_
(1)	/pe or print) Ma ry	,	D.	Brad			Month June	Doy	1 QAQ	20 HOUR	A
3. SE)		4 RACE			DATE OF BIRTH		6 ACE to vo	ors	IF UNDER 1 YEAR	F JNOER 24 HRS.	Ė
	female	white	9		May 11	, 1890	last birthdo	y) YRS.	HONTHS DAYS	HOURS : MIN	
7a. Bi	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	OUNTRY? 8	MARRIED 🗍	NEVER MARRIED	9. COL	INTY OF DEATH				-
	" Alabama	U.S.		WIDOWED 🔀	DIVORCED [		Baltimor			Md	J.
	TY OR TOWN OF DEATH  Catonsville	St. Hill		UTION (if not in STATE I	lat.		JPATION (Kind of work working life, even if re		126 KIND OF BUINDUSTRY	SINESS OR	-
130 l admis	JSUAL RESIDENCE (Where deceases and) STATE Md.	ed lived, if institution, R	esidence before 1:	Oxon I		NO NO	13e. STREET AND NUM 5526 He		t Drive		
14. FA	ATHER S NAME First	M+ddl e	Last		OTHER S MAIDEN N			ddle		Lost	-
	Joseph R. D				Cheresa 1	Neirei	ther				
16a. Ye	WAS DECEASED EVER IN U.S. ARA	me as status of con und	SOCIAL SECURITY NO.	17 INFO				dress			10
			18-189-19	9A Rei	cords: S.	PRING (	GROVE STAT	E HO	SPITAL APPROXIMAL		-
	Conditions, if any, which gove rise to immediate cause (a), staling the underlying cause last.	DBY ATE CAUSE (o) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	ONSEQUENCE OF	- (			asc-1	ĈC.	BETWEEN CASE		
8	PART 2 OTHER SIGNIFICANT COM- 190. DATE OF OPERATION 19b.	CONDITIONS CONTRIBUTING T			E TERMINAL DISEAS 20a. AUTOPSY?	E OR CONDITIO	20b. IF YES, WERE FIN	DINGS (OI	NSIDERED IN CERT	TIFYING	
RTIFIC					YES 🔲 💮	NO 📈	CAUSES OF DEATH?				
19 G	21 o. ACCIDENT WAS UNDERLYIN □ OR CONTRIBUTING □ CAUSE OF DEAT If either, notify medical examir	H HOUR A.M. Mar ner) P.M.	nth Day Year			(Enter nature	of injury in Port 1 or	Part 2, Ite	em (8.)		
o	While Not while I		ME, FARM, STREET, FACTOR BUILDING ETC				City or Town		County	State	
	22a. I certify that (1) (this saw the deceased all causes stayed above 22b signature)	ive on	19_	, ond th	at in (my) (oui	19_69, r) opinion o	Jeath occurred an		, that ( e and hour or ATE SIGNED	l) (we) las nd fram the	
2	PHYSICIAN S NAME (Type) A1-	seiw.	11.	٦, ﴿	22e. ADDRESS	SPRI'IG	GROVE STA				
	BURIAL (REMATION, RETRYAL SPECTY) 6/	24/69	23c NAME OF CEN Ft. Lin	coln Ce	MATORY		LOCATION (City or Town	n)	(County)	(State)	
24. Fi	uneral director Robert 308-Suitland,	E. Wilhelm Rd., Suitla	Funeral nd, Md.	Home		IN 2.5	TRAR 2Sb. REGI	STRAR S SI		٤.	





4	1.1	17929		ND STATE DEPAR				
77	I	tem13 FilmG413	DIVISION OF VITAL RECORDS 6/18/69 kk	CERTIFICATE O		RE, MARYLAND 21201	0792	3
r death. umerol 1 ond 2 ar death.		DECEASED-NAME Type or print)	ZAKKAKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BRAND	2a	DATE OF DEATH Manth 06 Day	L1 Yeo69	26 ноик 8:ат
	3 5	•	4 RACE	S. DATE O		6 AGE (In years	HE UNDER 1 YEAR	F JMDER 24 HRS
N THE PART		F.	CAU	3		lest bightey) YRS.	MUMINS DATS	MIN MIN
24 hours after for the form of		BIRTHPLACE (State or fore.gn intry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MAKKILU	UNTY OF DEATH		
filles paper thin 72	10	Md . CITY OR TOWN OF DEATH	U.S.A.	WIDOWED   NSTITUTION (if not in hospite	VORCED 122	BALTIMORE	1.00	Md
impletely filled in by we corbon papers. Beent, within 72 now	,	BALTIMORE 2	L204 GREATERS BA	LTO., MED.	CEM ng most of	JPATION (Kind of work dane work ng ife, even if retired) MOMBKOR	126 KIND OF B INDUSTRY OWN 21212	
and completely fremove corbon any event, with	adn	nassian) STATE Md.	sed lived, if institution Residence before 13b COUNTY	Baltimore	AEZE, NO [5],	13e. STREET AND NUMBER 234 Rodgers		
rem (	14.	FATHER'S NAME First	Middle Last	15 MOTHER S	S MAIDEN NAME First	Middle		Lost
irate be ex iskign and iskign and in an		Lawrer			Mar	W	Sto	
the state of the s	100	No.	var or dates o service)	T.Mars		Addres <u>E1</u> ndt,8205 Tys		Md.
ne death cer ottending p permit The	1	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far (a) (b) and ( D BY XXXX R)	)) ESPIRATORY	ים מדד זו הם		BETWEEN ON	TE NTERVAL ET AND DEATH
ne deat ottend permit ion, or r	ı	// 2 1 a (MMED)	ATE CAUSE (a)		TATHUKE		3 mi)	1.
at the the or the or mation		Candit ans, if any, which gave inset a immed ate cause (a),	(D)	EREBRAL HE	MORRHAGE		10	HRS.
equires that the physician. signed by the burial-tronsit purial, cremati		stating the underlying cause	(0)	ERTENS ION			10	yrs.
requires significations of the control of the contr	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	I.NAL DISEASE OR COND.T	ION GIVEN IN PART 3(g)		
IAN: The law requires the factor of the standing physician, ficate has been signed by for use as the burial-troil Health priar to burial, cre	CERT.FICATION	19a. DATE OF OPERATION 19b	COND TION FOR WHICH OPERATION WAS I	PERFORMED 20a, AI YES	UTOPSY?	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CER	TIFYING
		21 a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	HOUR AM Month Day Yes	21c. HOW INJURY		re af injury in Part 1 or Part 2, It	em 18 }	
SSICI Spit Carrill Spit Section 1. of t. of	MEDICAL	(If either, natify medical exami	ner) P.M.	19	San DE DE N			
DING PHYSICIAL by the hospital ffer this certific be detoched for		21d. INJURY OCCURRED   21e.   While   Nat while       at wark   at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, DEFICE BUILDING, ETC.			City or Town	County	State
by the free the description of t	П	and the state of t	is hospital) attended the decea	sed frems 6/1	0 19 69	ta 6/11 19	that	I) (we) Inst
		saw the deceased a causes stated above	is hospital) attended the decea live an	19, and that in body after death.	(my) <u>(aur)</u> apınian	death occurred an the dat	e ond haur a	nd fram the
		226 SIGNATURE R	Hear Olevalor M.C.		NDING MED	STAFF ACT	ATE SIGNED	
AL DA		22d. PHYSICIAN S	_	22e. /	ADDRESS			
TO HOSPITAL OR Poge 4 may be r TO FIMERAL DIRE director, page 3			FRIEDLANDER MI			Lto Medical	Center	
HO Oge	23a	BURIAL, CREMATION, 235. REMOVAL (Specify)		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
2 2 0	P 24	REMOVAL (Specify) FUMERAL DIRECTOR	ADDRES	udon Park	2Sa. REC'D BY REG	Baltimore  ISTRAR 256 REGISTRARS	CNAT IPE	Md.
VR A15\23 45M - 1X	H	.W.Jenkins &	Sons Co 4905	York Rd.	JUN 1 2	1969 geliarle		



	MARYLAND STATE DEPARTMENT OF HEALTH					
FOR STATE	07930 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  07924					
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Month Doy Year 2b, HOUR					
⊼ to %	(Type or Print) Marie Anna Breymaier OF ESTI- DEATH MATED JUNE 28 1969 / A M					
A Paragraphic	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years of under 1 YEAR IF UNDER 24 ARS 2C. DATE PRONOUNCED DEAD ON SEX ON					
> 2 6	Female White Feb. 19, 1884 85 YRS MARRIED SANSVER MARRIED 19, COUNTY OF DEATH					
orth Pages Ith far	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita. 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF RISINESS OR					
after death.	Chase (Harwood Park) give street of community Driver Housewill ing life, even if retired) Housewill in the community Driver					
To with the second	130. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission) STATMERYLAND 13d COUNTY Harford Bel Air YES NO 2 501 Greenridge Road					
Inpurs Office Office Office	14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last					
ALCOURT DIRECTOR LITTLE DISTRICT						
within 24 in pract in Examiner's File pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (Husband) 838-9506 ADECT Greenridge Road (Ye No or unknown) (Hye give wor or dottes of senorce) 212-05-4258-B kr. John J. Breymaler, Sr. Bel Air, Md. 21014					
shauld be executed e ward "pending" is the Chief Medical ounal-transit permit. In any event withir	18 CAUSE OF DEATH (Enter only one cause perfine for (a) (b) and Act)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSEVa)  Due 10. OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause  Lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
This certificate sirate, writing the be forwarded to do be used as a b ar removal, and	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO PA					
bical Examiner: This certificate se execute the certificate, writing th ritar. Page 4 should be farwarded to ned for your files. ECTOR: Page 3 should be used as a bound, cremation, ar removal, and	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 HOUR A.M. 19 21d. INJURY OCCURRED 11 Part 1 or Port 2, Item 18 P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work 1 white and					
TO DEPUTY  DICAL EXAMINER:  necessary, please execute the certi the funeral director. Page 4 shauld 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shaul Health prior to burial, cremation,	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from Notural couses , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE					
VR A15ME (5)	Joseph William Foster Bel Air, Maryland 21014 DAIEJUN 3 0 1969 Achorles Judge					

\* . . . · 'e F. £ 4

1 23 min	_	1			D STATE DEPARTMENT OF		
- M /	_ 1		07931		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	07005
			7,002		CERTIFICATE OF DEATH		07925
€	eral and 2 leath.		CEASED-NAME First	***************************************	Last	20. DATE OF DEATH	2b. HOUR
9	funeral ond ar leat	- (	Ge	eorge Wilbur Brookt	nart	June 2, Month 969 Doy	Year A M
Te .	27万萬	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
S G	事(學生)		Male	Caucasian	1-22-1922	last birthday) YRS.	monins was mouses min
Nours after Teath	200	70. E	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	25.00		Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	Md.
within 24	physician. signed by the attending physicion and campletely filled in buriol-tronsit permit. Then please remave corbon pages. buriol, cremotion, or removal, and in any event within 72 h		ITY OR TOWN OF DEATH Baynesville	give stee address in C	STITUTION (If not in haspital   120. USU   during g	AL OCCUPATION (Kind of work done of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Auto Parts
	camplerely I ave corbon y event, wit				13c. CITY OR TOWN 13d INSIDE CITY	MITS? 13e STREET AND NUMBER	
ġ.	amp ive	admi	ssion) STATE Marylar	nd 13b. COUNTY Baltimore	Baynesville YES N	0x 1740 Pin Oak	Road
exe	and cam remave in ony ev	14 F	ATHER S NAME First	Middle Lost	IS. MOTHER'S MA DEN NAME		Lost
pe	de di		James Will	liam Brookhart	Lida L. Tur	nbaugh	
70 requires that the death certificate be executed	physicion on the please toval, and it	16a.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAL SECURITY I		Address	
¥	ohys n p val,		es no, or unknown) (If yes give w	war pr dates of service}	Mrs.Winifred E	Brookhart 1740 Pir	
es c	P P P P P P P P P P P P P P P P P P P			nly one cause per line far (a), (b), and (c).	1 '	٨	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1100	pnystan. signed by the attending buriol, cremotion, or rem buriol,		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) Corce	noma, le	relponciens	3 mw.
**************************************	afte pern on,		1570	DUE TO, OR AS A CONSEQUENCE OF		V	
±	sit noti		Conditions, if any, which gave trise to immediate cause (a),	(b)	·		
£ ;	tron crer		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
Ires	pnysician signed by buriol-tro buriol, cre		last.	(c)			
/V 8-5	sign particular sign particula		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
low I	the rio	No.					
7 2	so or d	ICAT	19d DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PER		20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
/ E	1 = Se = 1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	NO TAIL TIME OF BUILDING	YES NO		
N X	for Hec		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Year	21c. HOW INJURY OLLURKED (Ente	er noture of injury in Part 1 or Part 2,	tem 18.]
Sign	of of	MEDICAL	(If either, notify medical exomi	ner) P.M. 19	700/1		
OR ATTENDING PHYSICIAN: The	roge 4 may be relained by the hashing of previoung to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	V	While Nat while at wark		TORY.) 21f. LOCATION Street or R.F.D. No.		County State
	State		22a. I certify that (I) (M	attended the decease	ed from 19/ 9 2, and that in (my) ( ) ap	10 June 2, 19	<b>公子</b> , that (I) (🖚 lost
E E	P A P A P A P A P A P A P A P A P A P A		saw the deceased a causes stated above	e, (I) (did) (did view the	7 32 L, and that in (my) (and op body ofter death.	inion death accurred an the da	te and havr and tram the
A F	DIRECTOR: A DIRECTOR: A DE 3 should DE 4 with the		22b. SIGNARURE	07(17 (207)(200)(200))	ava la	225.	DATE SIGNED
8	4 × 3 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6		1000	21- hioura	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	5-2-69.
TA :			22d. PHYSICIAN'S		22e. ADDRESS		
<u> </u>	ERA Pr. F		NAME (Type) Josep	oh F. LiPira	8400 Loc	h Raven Boulevard	
TO HOSPITAL	roge 4 may be retained  > FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a		DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2	<b>5</b> = 2	Εr	REMOVAL (Specify) 6-	-5-1969 Morela	and Memorial Park	Baltimore, Mary	
	VR A15	24	FUNERAL DIRECTOR	ADDRESS	2Sa REC D	BY REGISTRAR 2Sb. REGISTRAR'S	
	30M REV 1748	V	Mm. Cook-Brooks	Towson 1050 York	Road 21204 DATEJUN	4 1969 20lian	elas Judge

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1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH				
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEALTH DEPT.		FCEASED NAME TYPE OF Print)  MFC K  Middle  BROWN SR. 20 DATE KNOWN Month OF ESTI- DEATH MATED []  GENERAL MATED []	15-69 3 10			
y delay 15, and the PM3. Pide artment af	3 5		Yeor 2d HOU			
Tar ar Dep	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 9 COUNTY OF DEATH WIDOWED DIVORCED Balthuing				
	10	The thicker of DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)  2 Reference Destructions  120 USUAL OCCUPATION (Kind of work done during most of working I fe, even if retired)	12b K ND OF BUSINESS OR INDUSTRY			
MORE, Md urs after do for 18 Give ce of of the for d 2 with the		US_A. RESIDENCE (Where deceased lived, if institution Residence before 13 CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER driission) STATE Md. 13b COUNTY Clickway YES \ NO \ 11/2 Sulfahuu	Shira Keli			
han liter of the diffe	1	ATHER'S NAME First Middle J. OST IS MOTHER'S MAIDEN NAME From Middle Debug. IHarrut	Whitenen			
STREET, But within 24 in pencil in Examiner's File pages 7.7 haurs	160	WAS DECEASED EVER IN U. S. ARMED FORCES?  (II yes give war or dates of service)  166 SOC A. SECURITY NO 17 INFORMANT.  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	us sin pl.			
executed vending in the Medical Execution in the Medical Exit permit. First part within 7		18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), ond (c)) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Cardioryse and New Mediate Cause (o)	APPROXIMATE N ERVAL BETWEEN OHSET AND GEATH 4-5 GREAT			
be be sur		Conditions, if ony, which gave rise to immediate couse (o).  (b) Assertion and Sentity	0			
shauld e ward a the Cl		stating the underlying cause   DUE TO OR AS A CONSEQUENCE OF   (c)				
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VR A15ME (1)		Sure 20, 1869 Whates menored tark Chatters  Fluxera. D RECTOR 250, REGISTRAR 250,	SIGNATURE MOSE			
10M - 1/69		Jesiph Killius 2222 W. Merthace, JUN 24 1969 Johnson	Jude			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07927 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First Meddle inst 2a DATE KNOWN Month (Type or Print) ESTI-Page Richard H. Brown DEATH MATED 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Jack God PM3. HÖURS Nov.2,1915 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9. COUNTY OF DEATH ang with form N. Carolina USA WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR during most of working life, even if retired.) Liqui pment operator INDUSTRY Road give street address) Miles Rd. Construz-Essex. Md. 13d THIS DE CITY LIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN tion odmission) STATE 13b. COUNTY 356 Miles Road NO F Balto.27 l and 2 after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First M ddle £ast First Middle Ella Mills Robert E. Brown E farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS executed within (Yes, no, or unknown) Hallie G. Brown (Wife) Same 226-16-0715 within APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per ne far (b) and (c))
PART I DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH IMMED ATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF ĝ Conditions, if any, which gave rise to immediate couse (a). plogus WOrd DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ξ writing the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION -20. AUTOPSY? WAS PERFORMED? YES [ ROW MUURY OCCURRED (Enter nature of injury in Port I or Part 2, Item 18.) 216. EXTERNAL CAUSE WAS 216 TIME OF INSURY Month, Day 3 should HOUR A.M PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. **Eity or Town** County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a | certify that I taak charge of the remains described above, held an Autapsy | Inspection 🗹 Inquiry 14. and in my apin an Suicide . Natural causes 🔽 death resulted from: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ro FUNE Health 1918 XXYWGTONSO DONDALK 1/22/202 NAME (Type) //ELVIN 23b DATE BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) REMOVAL (Specify) Blue Ridge Memorial Garden 6/19/1969 Roanolte, Va. 24012 Buria 3 24. FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 25h REG STRAR S SIGNATURE Eugenia K. Seitz 5209 York Rd. Balto. Md.21212 VR A15ME (5) 10M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



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		ก7934	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0 W 0 0 0
		47 4 4		CERTIFICATE OF DEATH		07928
£ - 5		ECEASED-NAME Type or print)	ust Middle	Lost	2a. DATE OF DEATH	2b HOUR
de de	<u></u>	Ter	man Clarence	: But cher	Tune 7	Yeor 5 ospM
	3. \$	ex m	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER + YEAR IF UNDER 24 HRS
E F	L	11 -	YV.	11/6/88	last birthday) YRS.	MONTHS DAYS HOURS MIN
hour in by sirs. P	7a cou	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
24 lg ir per: 72		west va.	U.S.A.	WIDOWED DIVORCED	Baltimore Co	unty Md
in all of the second		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTREETION (If not in hospital 120 USUAL	OFF PATION (Kind of work done	12b. KIND OF BUSINESS OR
completely filled ove corbon pope y event, with in 77		Randallstow		o. Gen. Hosp	of Blackie. Smith and.)	Wiscose Co.
Per ple V	13a adm	recion) VIAIL	ceased lived, if institution: Residence before		THE STREET ALLS TOTALDER	
com		Md.	Balto.	21207 YES□ NO	Jay J 000015	reen Rd.
and rem		FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME FIT	rs† Middle	Lost
Se u	-	avid P. Mutch		Hulda (Carde	r)	
AN: The law requires that the death tertificate be executed within 24 hours after death of or ottending physicion. It is to be a signed by the ottending physician and completely fulled in by the funeral for use as the burial-transit permit. Then please remove corbon papers. Progetted the alth prior to burial, cremation, or removal, and in any event, within 72 hours of death	160	WAS DECEASED EVER IN U.S. es, no, or unknown) ( (4 yes)		110 1	Address	
恒/高量		Unkn.	234-05-80	D. DEIDELD	Admitting Office	
e High		18. CAUSE OF DEATH (Ente	on y ane cause per line far (a), (b), and (c)	())	1 /	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
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G PHYSICIA the hospitol this certifica detached fo		21d. INJURY OCCURRED While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F OFF-CE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R F.D. No.	City or Town	County State
the Company of the Co		While Nat while at wark				
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REN Ded Cold the		couses stated ab	ave, (I) (we) (did) (did not) view the	19 65, and that in (my) (our) apin	ian death occurred on the date	e and havr and from the
ATI ATI		22b. SIGNATURE	/-	3027 2101 20011	73r D/	ATE SIGNED
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A S S S S S S S S S S S S S S S S S S S		Parkville	gi.A	e street address) 726 Aberd	een Rd	during most of	working life, even if retired)	Auto Glass
omperor cuted	13a.	USUAL RESIDENCE (Where dece	ased lived, if instit	utran. Residence before	13c CITY OR TOWN	3d INS DE CITY . M TS?	13e STREET AND NUMBER	
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ND Sd b		sow the deceased	alive on #	-15	69, and that in (my	() (our) opinion	ta	e ond hour and from the
TOR Gine the first the fir			e, (l) (we) (did	) <del>(did no</del> t) view the b	ody after death.			
Will Will Will Will Will Will Will Will		226 SIGNATURE	2	200	DEGREE PHYS	G MED DIRECTOR	STAFF CD 22c D	ATE SIGNED
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	1/2	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4		CAPIA KOSP CERTIFICATE OF DEATH 07930
	4 24	DECEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOU
	remuires that the death curtificate be executed within 24 hours after death g physician.  In signed by the attending physician and completely filled in by the funeral seburial-transit permit. Then please remove carbon papers. Page 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death	Month 6 Doy 9 Year 69 12-7
		3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lift UNDER LYCAR IF UNDER 24 HOURS OAYS
	IS (# B B)	FEMALE WHITE SEPT. 12, 1881 87 YRS.
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	24 ded in aper	RUSSTA U.S.A. WIDOWED X DIVORCED BALTIMORE  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
	thin y fill with the	give street oddress) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	d will	13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, MSIDE CITY LIMITS? 13e STREET AND NUMBER
	cuted omply ve c	Odmission) STATE NO BALTIMORE - YES NO 3003 RIDGEWOOD AVENUE
	à de	14 FATHER'S NAME First Middle Lost IS MOYHER'S MAIDEN NAME First Middle Lost
	d se	UNKNOWN SHANE UNKNOWN
	Siche Pleo:	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (f yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT Address
	phy en ova	NO 214-22-4922 MR. BERNARD M. CAPLAN, 6320 GREENSPRING AVE
	th difference of the contract	BETWEEN ONSET AND DEATH  PART   DEATH WAS (AUSED BY
	dea Iten I, or	IMMEDIATE CAUSE (o)
	the and the and the and the articular the ar	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF Cultural Property of Conditions, if ony, which gove)
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	te De	OF FORE STATES
	ATTENDING stained by th CTOR: After t should be d ith the State	220   certify that (I) (this haspital) expended the deceased from 1967, and that in (my) (our) opinion depth occurred on the date and hour and from
-	N Suite of the the	causes stated above, (1) (we) (did not) view the body after death.
- 4	R ATTENI retained RECTOR: A 3 should with the	22b SIGNATURE ATTENDING MED STAFF 22c DATE & GNED / 9
	OR DIRE	DEGREE PHYS DO DIRECTOR - PHYS -
	may be retained by the hos RAL DIRECTOR: After this ce page 3 should be detache be tiled with the State Dept	122d PHYS CIANS MANUEL LEVIN MD 220 ADDRESS PARK HOTS AVE BXLTO-HT
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	VR AISAD A	24 FLIMERAL DIRECTOR ADDRESS 2SIGNATURE 2Sb. REGISTRAR SIGNATURE
	30M REV. Tobs	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD WIN 12 1989 Victoria, Judges



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The affer		RTIE			YES _	NO [	CAUSES OF DEATH?		
YSICIAN: ospital ar certificate thed for J	Da N			Month Day Year	21c HOW INJURY OC	CURRED (Enter natu	ire of injury in Part 1 or Par	1 2, Item 18)	
SICI spite ertifi ed t	5	(If either, natify medica	ol examiner) P.M.	. 19					
PH PH his his efact	e Vepu	White Not while at work	)   (	OFF CE BUYEDING, ETC	70RY) 21f. LOCATION Stree		City or Tawn	County	State
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R. A	e L	sow the dece	osea olive on l obove, (l) ( <del>we)</del> (did) (	(did not) view the	タースニ, and that in (m bady after deoth	y) <del>(our)</del> opinion	death accurred an the	a dote and hour	ond from the
OR ATTEN be retained DIRECTOR:		22b. SIGNATURE	10.4	/ 0				22c DAJE SIGNED	
OR be r	2 4	0	Attenal?	M(V)	DEGREE PHYS	NG P MED DIRECTO	OR STAFF	June ?	9 1969
ITAL O may be RAL DIF	= /	22d PHYSICIAN'S NAME (Type)	S.J. VENA	ALIE TO	4.0 22e ADD	RESS	KEL-BAL	244	Ma
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After directory, as should be a controlled by the controlled by th	010							MONG	MD
HC age	shous	230 BUR AL, CREMATION  BEAD YALS PECIFY)	23b DATE 6-13-1969		CEMETERY OR CREMATORY		LOCATION (City or Town)	((ounty)	(Stote)
5 5	0.0	24 FUNERAL DIRECTOR	0-13-1303	ADDRESS	y Valley Mem	orial     25a Rigo BY Rig	Cockeysville	Marylan RARS MGNATURE	d
VR A1 45M -	15		ooks Towson ]		Road 21204	DATE ON 1 2	1969	west fredy	p.R.



1		TON STREET, BALTIMORE, MARYLAND 21201
		TE OF DEATH 07932
death.	DECEASED-NAME (Type or print)  BUETAB E. O.34	Lost 2o. DATE OF DEATH 2b. HOUR Manth Day Year 2.55
24 hours after death d in b the pers. one 72 hours after death	SEX 4. RACE S. D	ATE OF BIRTH  6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HBS dast bighthay)  4. 19.00  YRS. MONTHS DAYS HOURS MIN
t hours in by ers.	BIRTHPLACE (State ar foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED \( \) N	NEVER MARRIED 9. COUNTY OF DEATH
를 모든	CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in give street piperess)  Les perk	hospital 120 USUAL OCCUPATION (kind of work done INDUSTRY INDUSTRY
that the death certificate be executed within 24 hour ion.  by the attending physician and completely filled in by tronsit permit. Then please remove corbon papers, cremation, ar remaval, and in ony event, within 72 hour	O USUA. RESIDENCE (Where deceased lived, it institution Residence before 13/ CHY OR TOWN THE STATE 136 COUNTY 17/ 13/ 13/ 13/ 13/ 13/ 13/ 13/ 13/ 13/ 13	VN 13d. ASIDE CTY LAMITS? 13e STREET AND NUMBER
and con remove	FATHER'S NAME First Middle Last IS MO	THERS MA DEN NAME FIRST Modele Lost
arte be	TO WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFOR	Levisla - HERRING
ertificate by physician can please saval, and in	Yes, no, or unknown) (fyes give war or dates of service,	ian D.Martin Washington, D.C.
e death ce attending permit. Th	18 CAUSE OF DEATH (Enter day one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Metastatic Lyne C	AFFROX MATE INTERVAL BETWEEN OMSET AND DEATH
if the c the att sit per	Canditions if ony, which gove the transmission of the Cerr	
law requires that the death certificate be executed with anding physicion.  been signed by the attending physician and completely for the buriol-tronsit permit. Then please remove corbon for to burial, cremation, ar remaval, and in ony event, with	storing the underlying couse   (b)   Under of the Cer	vix 18 months
equires the physicion signed by buriol-troi	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Spen day	None 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2	D. AUTOCIO
hos hos		200. AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: e hospital or his certificate stached for a	(If either, natify medical examiner) P.M. Manth Day Year	UURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
_ = = 0	21d INJURY OCCURRED While Not while of work a wark	ON Street or R.F.D. No. City or Tawn County State
DING d by t After d be o	22a   certify that (1) (this becoited) attended the deceased from Mar	y 10 , 19 55 , to death 19 , that (I) (we) lost
OR ATTEN be retoined DIRECTOR: ge 3 should led with the	22b SIGNATURE	at in (my) (our) apinian death accurred an the date and haur and from the h.
	22d PHYS CIANS	ATTENDING MED. STAFF STAFF DIRECTOR DIRECTOR PHYS 6-16-69  22e. ADDRESS
TO HOSPITAL OR Poge 4 moy be O FUNERAL DIRI director, poge 3	NAME (Type) Crawford N. Kirkpatrick, Jr.	6 East Eager Street - Baltimore,
D H C D SECOND	BURIAL CREMATION, REMOVAL (Specify)  31	, ()
VR A13 (4) 45M - 1/69	Burial 6-18-1969 New Dathedra	250, REC D BY REGISTRAR 25b REGISTRARS SIGNATURE
45M - 17/69	Howard Deroug 20/ al North Bay	DATEUN 1 8 1969 / Clientes Judge



		1			D STATE DEPARTMENT		
			07939			BALTIMORE, MARYLAND 21201	07933
-			() \$ 3 0 0		CERTIFICATE OF DEA	TH	07933
	£ = 2 £		ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	death neral and 2 death	Ľ		TTY McGUIRE Cathcar	·t.	June 7th 1969	Yeor
		3. 5	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years	F UNDER 1 YEAR   IF UNDER 24 HRS
			Female.	White	8/11/189	lost birthdoy) M	ONTHS DAYS HOURS MIN
1	i	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED X NEVER MARRIED		
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	filled in papers	10.	Baltimore Md.	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120	USUAL OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
	ed within	L	Towson, Balto,	Co. G ve street oddress) Cheaspeake	Manor N.H.	Ing most of working life even if retired ) Homemaker	INDUSTRY
	ad v	13e	USUAL RES DENCE (Where deced	sed lived if astitution Residence before	13c CITY OR TOWN 13d NSID	E CTY LIM TS?   13e STREET AND NUMBER	
	E 200	OBIT	ission) STATE	13b. COUNTY	Balto City YES	x № □   1405 Lochner	Rd12
	exe amount	14,	FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN N	AME First Middle	Lost
	a 55 1		Luke Patrick	McGuire	Beatrice	O¹Connor	
	requires that the death certificate be executed within 24 haurs after death g physician.  I signed by the attending physician and empletely filled in the formal burial-transit permit. Then please, remaye carban papers to and 3 burial, crematian, ar remayal, and in amy event, within 72 haurs after death a burial, crematian, ar remayal, and in amy event.	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? Wer at dates of service)  16b. SOCIAL SECURITY I	17 INFORMANT	Address	
	tific hys		res, no, or unknown) (If yes give	220-07-79	25 Mrs. Beatr	ice Kelbaugh (Daughte	r)
	ne death cer attending p permit The ian, ar rema'	Г	18. CAUSE OF DEATH (Enter o	y one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	A 보는 기를 보고 보고 되는 기를 보고 되는 기로 되는 기를 보고		PART I DEATH WAS CAUSI	D BY ATE CAUSE (o)	Myscordial .	Interction	1 hour
	attenc attenc permit ian, ar		4104	DITE TO OR AS A CONSEQUENCE OF	0		
	t the the sit p natio	П	Conditions, if ony, which gove	Anton	osolombie Cardia.	Vascolar Disease	10 /1
	that an. by 1 rans rrem		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
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	equires that to physician. signed by the burial-transit	П	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)	
	2 E E E E	z					
,	AN: The law re all ar attending cote has been or use as the Health priar ta t	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
`	A after a standard and a standard	E			YES 🔲	NO CAUSES OF DEATH?	
	Car us		210. ACCIDENT WAS UNDERLYI		21c HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2, Ite	m /B.)
	at a figure of the state of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year iner) P.M. 19			
	OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate is 3 shauld be detached for us ed with the State Dept. af Healt	ME.	21d IN JRY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET FAC	PORY.) 21f LOCATION Street or R F	D No City or Town	County Stole
	this this deto	П	of work of work				
	ADING d by t After d be c	1	22a I certify that (I) (th	<del>is hospital</del> ) attended the decease	ed fram,	19 <u>69</u> , ta <u>6 7</u> , 19 <u>4</u> apmian death accurred an the date	7 , that (I) (we) last
	ed ld ld ld lbe S	ı	saw the deceased of	e, (j) (www) (did) (did nat) view the i	942, and that in (my) (or	<ul> <li>aprifican death accurred an the date</li> </ul>	and have and from the
-	tain tain tain tain tain tain tain tain		22b. SIGNATURE	e, H) (www) (did) (did ildi) view trie i	oddy affer death.	22c DA	TE SIGNED
	OR A De re DIRECTOR SIRECTOR S		The Stompford	1 D. Senn	DEGREE PHYS	MED STAFF DE STAFF	-9-69
	A P P P P P P P P P P P P P P P P P P P	l	22d, PHYSICIAN S	<i>'</i>	22e ADDRESS	DIRECTOR - PHIS -	
	MG M		MARKETT A	ip D. Flynn M.D.		Chase St.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar at TO FUNERAL DIRECTOR: After this certificate hadirector, page 3 shauld be detached for use shauld be filed with the State Dept. af Health	230			CEMETERY OR CREMATORY		(County) (State)
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	130	24	FUNERAL DIRECTOR	ADDRESS	250. R	EC D BY REGISTRAR 2Sb REGISTRAR'S SI	GNATURE
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	_	-		IND STATE DEPARTMENT OF		
	'	02020	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALI	IMORE, MARYLAND 21201	08003
Merch		07940		CERTIFICATE OF DEATH		07934
ci.	2.5	1 DECEASED NAME	First Middle	Lost	2a. DATE OF DEATH	2b. HOUR
ad to	nd nd	(Type or pnnt)	acqueline Veron	1/2 (/200	June 18	Year
Ť.	r de	3 SEX	acqueline Veron			7 1969 10:15 PM
te t	e fe		4.5	S DARE OF BIRTH	6 AGE (In years	F UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M/N
ν <sub>1</sub>	r the funeral Pages I and its after death	Female	Negro	7-19-5.	3 last birthday)	
30		7o BIRTHPLACE (State or foreig	n 75 CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9 COUNTY OF DEATH	
4 4	ESE	COUNTRY Md.	125A	WIDOWED DIVORCED	Balto	Md.
n 2	pelling (	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital   120 USU	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
be executed within 24 hours after death.		Durings M.	give street oddress)	ewood State Hasp during m	ast of working life, even if retired )	INDUSTRY
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	lease and i	16g WAS DECEASED EVER IN U				ine pertier
00			es give wer or dotes of service)	IT INFORMANT	Address Address	
Ē	physician ien please ioval, and i	INO		110-2011	AN TONE WEST.	
99	ottending permit. The ion, or remo	18. CAUSE OF DEATH (En	eter only one cause per line for (a), (b), and		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ea t	ind.	PART 1 DEATH WAS	MEDIATE CAUSE (a) ASPIRATION	I PHEUMONIA & EM	PYEMA	1-2 WEEKS
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- <del>-</del>	the sat p	Conditions, if any, which	gave) PHARYNGE	AL PARALYSIS		6 MOS
3 5	en de la	nse to immediate couse stating the underlying c	(0),(			
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	e he	210 ACCIDENT WAS UND	ERLYING 216. TIME OF INJURY	21c HOW INJURY OCCURRED (Ente		
OR ETTENDING PHYSICIAN:	문학량		OF DEATH HOUR A.M Month Day Ye	or Tell How INJOKT OCLORRED (ERIE	r noture of injury in Part 1 of Por 2,	Item 18.)
SIC	a de la	GR COMTRIBUTING CAUSE		19		
¥	ach ach		2 TO PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or R F D No	City or Town	County State
D- 0	e e e e	While Not while at work	<b>a</b>	-0-1	10 10	10
Ž	to the first	22o. I certify that	(this hospital) gale sed the dece	osed (1987), 19	7, to 6 Jane , 19	6 7, that (V (we) lost
N. S.	he de la	sow the deceas	CO OTTAC	_19 <u>G</u> , and that in (my) (our) op ie body after death.	inion death accurred on the do	te and hour and from the
- A E	<b>6</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		cove, Mercala) (air on view ti	ie bedy difer deofn.	1.00	DATE WIED
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20	<b>5 b a</b>	KILLERAX,	6/23/64 11.//	larys Ch. Cem.	Degauloun C	Mrs. Co. 1111.
	VR AIS JOSE	24 FLANERAL DIRECTOR	ADDRI	SS MM 1 2Sa RECD !	BY REGISTRAR 250 REGISTRARS	S GNATURE
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1 1	Ιt		5 6-10-693 MAKTLANI DIVISION OF VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 21201	
* P		87941		ERTIFICATE OF			07935
r death. uneral 1 and 2 r death.		CEASED-NAME First ype or print) The	Middle	Lost Chestm	ut	June 3, 1969 Doy	Yeor 8:25 M
s after s offer	3 SE	Female	4. RACE Negro	S. DATE OF BIT	-1915	53 "YRS.	4F UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN
A hour	COUT	s.C.	7b. CITIZEN OF WHAT COUNTRY? US	harmer .		NTY OF DEATH Baltimore	Md.
within 24 within 24 within 7	10. 6	ty or town of death  Towson	11. NAME OF HOSPITAL OR INS give street oddress St. Josep	TITUTION (If not in hospital  h Hospital	120. USUAL OCCI during most of a Home	JPATION (Kind of work done working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
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equires that the death certificate be executed with physician. signed by the attending physician and completely fourial-transit permit. Then please remove carban burial, crematian, ar remayal, and in any, event; with		PART I. DEATH WAS CAUSED	y one couse per line for (o) (b), ond (c) (b) BY: TE CAUSE (o) Meta:	static carcin	ioma.		APPROXIMATE INTERVAL GETWEEN OMSET AND DEATH
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IIAN: The law retail are a steel ficate has been sfar use as the bf. Health priar tab.	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOI YES [		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ICIAN: bital ar tificate d far u	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTROUTING CAUSE OF DEATH (If either, notify medical examin	HOUR AM Month Day Year		URRED (Enter notur	e of injury in Port 1 or Port 2, I	tem 18.)
NING PHYSICIAL by the haspital ffer this certifice be detached fa	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County State
		22a. I certify that (1) (this saw the deceased of causes stated above	s hospital) attended the decease ive on <u>June 3.</u> 1 , (I) (we) (did) (did not) view the l	ed from Nay 29, 99, and that in (my bady after death.	, 19 <u>69</u> , y) (our) opinion	ta_June_3, 19_ deoth occurred on the do	69_, that (4) (we) last te and hour ond from the
OR ATI		22b. SIGNATURE	Otenna	DEGREE PHYS		220 0	ne 3, 1969
TO HOSPITAL OR ATTENDED Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	,	22d. PHYSICIAN S NAME (Type) Ali A	zima, M.D.		20 York R		aryland 21204
Page 70 Funding direct shauf		BURIAL, CREMATION, 23b D	-1-69 GKTC	CEMETERY OR CREMATORY		OCATON (City or Town)-7	(County) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	Wilson coop	mlly be	DAR UN	STRAR 25b REGISTRAR'S	les Judge

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	1		STATE DEPARTMENT OF HEALTH	LADVI MID GOOD
1			101 W. PRESTON STREET, BALTIMORE, M ERTIFICATE OF DEATH	08104
5 6 5		CEASED NAME FIRST Middle		OF DEATH 2b, HOUR
after death		rpe or print Ps on the	Chil Pora	Month Day Year 125. NOUR
5	3. 5	4 RACE	5 DATE OF BATH	6. AGE (In yeors   IF UNDER TYEAR   IF UNDER 24 HRS
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1 2 2 4 2 5 4 4 5 4 4 5 4 5 4 5 4 5 4 5 4	7a.	IRTHPLACE (State or foreign Try)  7b. CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED 9. COUNTY	
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± ± 5 5	odn	sian) STATE 136 COUNTY - L Life,	LULLY YES D NO 1	I there while it
ond con remove	14.	ATHERS NAME First Middle Last	15. MOTHER'S MAIDEN NAME First	Middle Lost
- 5 S E	164	WAS DECEASED EVER IN U.S. ARMED FORCES? TIGO SOCIAL SECURITY NO		5
physical physical new ple		is, na, or unknown) (if yes give wor or dotes o service)	Hospital Records.	Mt. Wilson St. Hosp.
\o gri≟ E	-	B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		APPKÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending permit. The		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		BY WEN ONST AND DEATH
atte perm an, a	1	O / / d DUE TO, OR AS A CONSEQUENCE OF		
the the sit pmotion	1	Conditions, if any, which gove rise to immed ate couse (a), (b)	Livelly Gelf de clea	areiser Sectionally
s tho cian. d by l-tran.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
aw requires that the deathy rading physician. been signed by the attending the burial-transit permit. or ta burial, cremotian, or re	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	DE ATED TO THE TERMINAL DISEASE OR CONDITION C	VEN IN DAPT 1(a)
ng po		The state of the s	THE TEARINAL DISEASE ON CONDITION OF	VEN IN PART ((d)
AN: The law related or attending protection to the been since the beauth prior to be the entire to t	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF		IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The The has had	E		I I I I I I I I I I I I I I I I I I I	SES OF DEATH? 488
PHYSICIAN: The e hospital or aft ins certificate has groched far use open, of Health p		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Enter nature of it	njury in Part 1 ar Part 2, Item 18.)
HYSICIAI hospital s certifice sched fa	MEDICAL	If either, natify medical examiner) P.M. 19	RY 1 216 LOCATION Street or DED No. (	ity or Tawn County State
=		21d INJURY OCCURRED  While Not while of work  Not work of work	21 LOCATION SHEET OF KT D. NO.	if a coming Sign
Stote		22a   certify that (I) (this haspital) attended the deceased	fram 1/2 , 19 <i>D</i> / , ta_	62 // , 19 64 , that (I) (we) last
ATTENDING stained by the CTOR: After is should be d	П	saw the deceased alive an Art of the 1990 causes stated abave, (1) (we) (did) (did nat) view the bo	~~? and that in (my) (aur) aninian deat	h accurred an the date and hour and fram the
OR ATTEN OR ATTEN Director: A Should ed with the	П	226 SIGNATURE		22c DATE SIGNED
TAL OR noy be ra AL DIRE poge 3 e filed w	П	1 flive me	DEGREE PHYS DIRECTOR	STAFF PHYS
TTAI moy RAI Poor	П	22d. PHYSICIAN'S NAME (Type) William Name	22e. ADDRESS	
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	720		METERY OR CREMATORY 23d LOCA	
Pog of short	230	REMODER (Specify) 6-22-69 mt. 2in	17 . 4m	TION (City or Town) (County) (State)
	24	UNERAL DIRECTOR ADDRESS	25g REC D BY REGISTRAR	
VR A+5 (4) 45M 1/69	1	Harved. Rice, 661W. Ba	cris 8.30 MUX 210-13	89 Amorres Lucias



/ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			07936
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Type or Print) OF ESTI-	Doy Year 2b HOUR
/ is rafe taf	L	RICKY CIMINO DEATH MATED  6	3 19 69 11:M48
Sny delay is 1, 2, and 3 to rm PM3. Page Department of	3 5	lost buthday) AMONTHS DAYS HOURS MIN Abouth	Yeor CO 77 (O
P. S. Or	-	ale White / MAY 1456 13 vrs June 3	1969 11:4/81
	con		LAS
ages by to	10. (	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1	Md. 12b KIND OF BUSINESS OR
thaurs after death them 18. Give Pages Office alang with far land 2 with the State		Towson St. Joseph Hospital 3702EN	INDUSTRY
s after 18. Give a alang 2 with the	130	LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d JASIDE CITY LIMITS? 13e STREET AND NUMBER COUNTY YES NO 63 COUNTY	
urs c ce a d2 w		Md. V Harro I Balto. Birchwood Av	
haurs Item Office Office after	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle CIMINO RITA	POLONEJ/
thin the state of	160		
File pages 1 and 2 with the State De	()	WAS DECEASED EVER IN U.S. ARMED FORCES?  os. no. or ynknown) (It yes give wor or doles or service)  16b. SOCIAL SECURITY NO. 17 INFORMANT JOSEPH CIMINO, 6310 BIRCHWO	DOD AVE WILL
XAMINER: This certificate shauld be executed with the the certificate, writing the ward "pending" in place 4 shauld be farwarded to the Chief Medical Examples and files.  Sage 3 shauld be used as a bunal-transit permit. File cremation, ar remayal, and in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pe executed "pending" if itef Medical Insit permit.		PART I. DEATH WAS CAUSED BY. IMM(DIATE CAUSE (0) Laceration of lung and aorta by metal fragments	
e ex pend pend if M if M		DUE TO, OR AS A CONSEQUENCE OF	
O to the second		rise to immediate cause (a). (b)	
<b>心</b> 量素 草草		lost.	
INER: This certificate should be executed should be executed should be farwarded to the Chief Medical files.  3 should be used as a bunal-transit permit. nation, ar remayal, and in any event within		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ificate timp the rided 1 as a al., and	2		
INER: This certified e certificate, writing should be farwar files. 3 should be used nation, ar remaval	CERT FICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
This cate be feel	ERT F	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, He	MEXIX NO [
R: uld I audd I n, a	MEDICAL C	PRIMARY 551 OR CONTRIBUTING □ HOUR AME	
INE Share ce Share 3 share 3 share 1 files	MEDI	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (1) or Town	County State
Crem		WHILE NOT WHALE TAT WORK AT WORK PAT WO	lto. Md.
o DEPUTY DICAL EXAMINER: necessary, please execute the certification of		22a. I certify that I took charge of the remains described above, held an AutapsyXX, Inspection , Inquiry	
olica director. etained DIRECTO		death_resulted_from) Natytol carries, Accident XX Suicide, Hamicide, Undetermined manner [	
TY please y, please stal direct on retains RAL DIRECT OF PLANE SAL DIRECT TO THE SAL		ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE	
ry, Feral be r price		SIGNATURE MD ASSISTANT MEDICAL EXAMINER IXIX	IGNED 1969
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health prior		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	, 1707
TO DEPUT necessary the funer 5 may be 70 FUNER/ Health p	230	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
		BURYAL TONE 69 HOLY REDEEMER CEM. GALTO.	MD.
VR ATSME (S)	24	FUNERAL DIRECTOR  SOUTH FUNERAL HOME, BALTO, MD. DATE JUN 10 1969 FULLIANTE	BA CALLEL
10W KEA 1/98, " A	1	OCIRICH FUNERAL HOME, BALTO, MD. DATE UN 1 0 1969 JULIAN	

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1	1	07944	DIVISION OF	VITAL RECORDS	i, 301 W. PRE	STON STREET, BAL	TIMORE, MARYL	AND 21201		
•	П				<b>CERTIFICA</b>	TE OF DEATH			0793	7
٠ % خ	1 2	ECFASED-NAME	First	M ddle		Last	2a. DATE OF DEA	TH		2b. HOUR
death. neral and 2 death.		Type or print)	Dele	21	mo	lerk		Month Day	Year	9 30 M
de de de	3. 5		4. RACE	110xma		DATE OF BIRTH	16	AGE (In years	IF UNDER 1 YEAR	HE UNDER 24 HRS
the state of	1	_	4. NACL	11.5	J.	7 30 -	1801 1	ost birthday)	MONTHS DAYS	HOURS MIN
Z VE	<u> </u>	Female	- u	hile		1-29-	10 70	7 XYRS		
Par Sa		BIRTHPLACE (State or foreigntry)			_	NEVER MARRIED	9. COUNTY OF DEA	ATH .		
illed in paper		Marulo	ind US		WIDOWED	DIVORCED	Ball	more	ک	Md
in 24 filled pape thin 7	10.	CITY OR TOWN OF DEATH		EAME OF HOSPITAL OR I street oddress)	NSTITUTION (If not i		UAL OCCUPATION (Kir		125 KIND OF B INDUSTRY	USINESS OR
d within 24 letely filled crban pape nt, within 72	10	ockeysvill		MASI	onic H.	one auring	most of working life,	even it retired )	INDUSTRY	
carle d	130	USUAL RESIDENCE (Where	deceased lived: if institu	ition: Res dence before	13c CITY OR TO		LIMITS? 13e. STREET	AND NUMBER		,
e executed and comple remove co. n any event	oun	ission) STATE M	13b. COUNTY	Rundale	Fern	dale YESTE	NO 105	- · Furo	Linond	ave
A DE A	14.	FATHER'S NAME First	Middle	Lost	15 N	IOTHER'S MAIDEN NAME	First	Middle		Last
8 2 5		Wik	Liam L	m 2	ako	Augus	To		5ナカ	+1 AFG
ate be ician ician and i	160	. WAS DECEASED EVER IN U		166 SOCIAL SECURIT	Y NO 117 INFO	DRMANT /	7 06	Address	0/4/	715015
uires that the death certificate by sicion. hysician. gned by the attending physician prial-transit permit. Then please prial, crematian, or removal, and it			yes give war or dates at service)	220-0	7-7737	1	SSONIC H	Dur - P	ecord	C
Ph Ph	-	/// //			<del></del>		B SUM LE /T	DATE IA		ATE INTERVAL
he death ce attending permit. Th		18. CAUSE OF DEATH (EI PART I DEATH WAS	iter only one cause per l	X /	/ / /	usa ff &			BETWEEN ON	SET AND GEATH
end mit. ar		1	MMEDIATE CAUSE (a)	14 YO Car	acces 1	May Cleve	7		IW	<b>5</b>
att off		4/25	,	AS A CONSEQUENCE O	,	1 11	11 10			
t t ter		Conditions, if ony, which tise to immediate caus	a (a) (b)	ANTOLICA	Sclera	Tic Vas 1	TROUT VI	s-eall	10 V	5,
J = = = = = = = = = = = = = = = = = = =		stoting the underlying	DUE TO, OR	AS A CONSEQUENCE O	F					
quires that the physician. signed by the burial-transit purial, cremati		lost.								
phy dui		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	JTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OF	RCONDITION GIVEN IN	PART 1(a)		
ng en to to	2									
or se de distribution	AT OF	19g. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a AUTOPSY?		, WERE FINDINGS C	ONSIDERED IN CEI	RTIFYING
PHYSICIAN: The law re the haspital or attending this certificate has been letached for use as the e Dept. of Health priar to	CERT.FICATION					YES NO	CAUSES OF	DEATH?		
re les		216 ACCIDENT WAS UND		OF INJURY	21c, HOW	INJURY OCCURRED (En		Part 1 ar Part 2.	Item 18.)	
A P 語音式	ਤੁ	OR CONTRIBUTING CAUSE	exominer) HOUR A.M.	Month Day Yea	ır	·			,	
PHYSICIAN: ne haspital or his certificate stached far u Dept. of Heal	MEDICAL	(If either, notify medico!	21e. PLACE OF INJURY		ACTORY 1 21F LOCA	TION Street or R.F.D.	lo City or	lawn	County	Stote
PH) b hc lis c tacl		While Not while	Tre. Toke of Mont	OFFICE BUILDING, ETC	215. 1004	11011 313461 07 16 1 12. 1	to city of	(UIIII)	coont	51010
5 ± ± 8 ±	1	MI WORK OF STORE	// /Al-:- L:A-() -A		1100	ø . Z 10	15 to Tu	4275, 19	/1.67 al-a	/// / /
ren by the ned by the R. After to hold be de the State	1	22a. I certify that (	i) (international articles and alive an	rended the deced	19 F and t	hat in (my) favel a	pinian death acci	urrod on the de	to and hour o	(1) (we) last
The ded		causes stated	abave, (I) (we) (did)	(did nat) view the	e bady after de	ath.	pilituli dedin deti	arred dir rite do	ite dila naoi c	ind it dill the
A State		22b SIGNATURE	1 7/2	, (				225	DATE SIGNED	
OR ATTENE be retained DIRECTOR: A pe 3 should ed with the	1	Va1	Vetther	esar, land	DEGREE	ATTENDING PHYS	MED. DIRECTOR		ine 25	1969
The second of th	L	22d. PHYSICIAN'S		77		22e ADDRESS		2 (		
RAI Pe	1	NAME (Type)	arl F. U.	Denson	mis		VK Rd	Ogalto.	Mad	21212
Page 4 may be retained by the haspital or attending physician.  C FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 should be detached for use as the burial-transit permit. Then please remove carban page shauld be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within	230	BURIAL, CREMATION,	23b DATE	123r MAME O	F CEMETERY OR CR	FMATORY	23d. LOCATION (	Sty or Town	(County)	(State)
S po died s	250	REMOVAL (Specify)	6-30-196			ional Cemet	,	. ,	1 17	(signa)
5-5-177	28	FUNERAL DIRECTOR	0 30-190	ADDRE		250 SECTO	BY REGISTRAR	imore, Ma	SIGNATURE	
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50/71 NEV. 1700) 1	l W	m. Cook-Broo	oks Towson	TUDU York	Road 212	204 DATE			6	

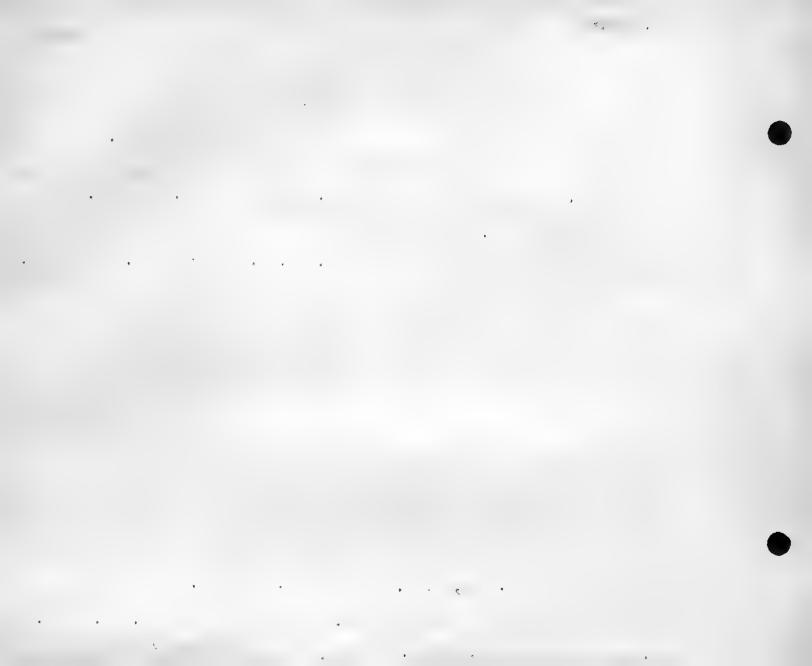
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	10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			07945 CERTIFICATE OF DEATH	07938
	er death. funeral I and 2 er death.		DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Prints Marsucrift Clem 6	Year 4 A.M.
	requires that the death certificate be executed within 24 haurs after death, a physician.  I signed by the attending physician and campletely fulled in by the funeral burial-transit permit. Their peass remave carban papers, pages I and 2 burial, cremation, ar remaval, and in any event, within 27 hours after death	L	Lerricle White 7.15,1923 last birthday) RS. 10	DER 1 YEAR   + JNDER 24 HRS
•	24 hay	CON	BIRTHPLACE (Stole or fore.gn 7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. CO	
	within tely fille	I	Mt. Wilson, Md.   Give street address   Ison State Hosp - House and a street of working his, eyen if retired   IN	b. KIND OF BUSINESS OR IDUSTRY
	executed with the completely is emaye carban any event, with	adm	to USUAL RESIDENCE (Where deceased ved if not tution: Residence before 13c CTY OR TOWN 13d INSDECTIVE LIMITS? 13e STREET AND NUMBER 13th COUNTY Lecleuda Neynamia YES NO Decleuda Kaynamia	w MQ.
	icate be exertised and any and in any		FATHER'S NAME First Middle ost S MOTHER'S MALDEN NAME First Middle So. WAS DECEASED EVER IN U.S ARMED FORCES? 16b, SOCIAL SECURITY NO 17 INFORMANT Address	Sall din
	th certification and a second and a second a sec		Yes, no_prunknown) (1 yes give wer or doies of sarvice) 190-12-22.77 Hospital Records, Mt. Wilson	St. Hosp.
	attending pay permit. Their ian, ar remava		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Correctly College (b)	15-30 DEATH
	that the deat an. by the attend transit permit crematian, ar		Conditions, if ony, which gove tise to immediate cause (a), station the underlying cause (b).  Due To, or as a consequence of the underlying cause (b).  Due To, or as a consequence of the underlying cause (b).  Due To, or as a consequence of the underlying cause (b).	6-7 year
	equires that the physician. signed by the burial-transit burial, cremat		Stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     OST.   (c)   August Central     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	3-4 year
00	The law red attending p has been si se as the bith priar ta bu	NOLL		FRED IN CERTIFYING
1/	at a se	CERTIFICATION		
	aspite certif hed it. of	MEDICAL	Countributing Cause of Death   HOUR A.M. Month Day Year   Countributing Cause of Death   HOUR A.M. Month Day Year   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   HOUR A.M. Month Day Year   19   Countributing Cause of Death   19   Countributing Cause of Death   19   Countributing Cause of Death	unty State
	ING PH by the h fter this se detact tate Dep		While at work Not while at work of work of work of the deceased from 5/25, 19/54, to 6.15, 19/55 and that in (my) (our) opinion death occurred on the date of	2., that (I) (we) lost
	OR ATTEND be retained   DIRECTOR: At e 3 should be ed with the S		sow the deceosed alive on	
			DEGREE PHYS DIRECTOR STAFF DIRECTOR DIR	HUNED
	G	23a	NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	unty) (State)
	120		BUNERAL DIRECTOR JUNE 21/69 ROCKY HELD W. WOODShore In LUNCOLS REGISTRAR S SIGNAL S	atore Tust
	VR A13 441X 45M · 1269.		& C. Bratan Wolfer 1 W. In - Part JUN 23 1969 Milliones	o Johnson

MARYLAND STATE DEPARTMENT OF HEALTH



. 7	1		07040		201 W PRECTON CIRET	, BALTIMORE, MARYLAND 21201	
1			07946		CERTIFICATE OF DEA		07939
•	£ −2£		ECEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
	dead	(	ype or print) Mary	Coster	Clogg	6 Month 23 Doy	69 Year INAM
	(国川寺二章	3. \$		4 RACE	S. DATE OF BIRTH	6. AGE (In years	JE JINDER I YEAR   IE JINDER 24 HRS
	EA 14 92 5	L	F	W	2-10-18	82   last Brithday) YRS	MONTHS DAYS HOURS MIN
-	yd r		terd	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	24 H d ir per 72		Maryland	USA	WIDOWED DIVORCED	Baltimore Co	• Md
	in all spring and a series	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	T TUTION (If not in haspital 11	2a USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	borel with		Towson	give street address). Che Manor, Nurs I lived, if astitution: Residence befare	sabeake ling flome	uring most of working life, even if retired) Balto.City Teache	r Retired
	canted within 24 hause after campletely filled in by Na. 1 have carban papers. Pages y event, within 72 hours after	13a, admi	USUAL RESIDENCE (Where deceased sission) STATE Md.	lived; if institution: Residence before	13c. CITY OR TOWN 13d INC. Balto. YES	SIDE CTY LMITS? 13e, STREET AND NUMBER	St.
	exe end on)	14 6	ATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN		Last
	n dl		Thomas	I. Coster		Mary Jane	Hellen
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauge after death. Page 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.	lóa. Y	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (*) Yes give wor			G. Geyer 156 N.M	ilton Ave.
	The second		18. CAUSE OF DEATH (Enter only	ane cause per line far (a) (b), and (c)			APPROXIMATE INTERVAL BUTWEEN ONSET AND DEATH
A.	the death the affending themit ation, or re		PART 4. DEATH WAS CAUSED IMMEDIATI	ane cause per line for (a) (b), and (c) BY CAUSE (a)	D. I sugestie	place Failur	[1.1.1.1.2]
-	atte an, an,		4 +	DUE TO, OR AS A CONSEQUENCE OF	/		
	the sit p		Conditions, if only, which gave )	(b) Brouce	but Portenouse	e	72640
	tha by ran		rise to immediate couse (a).	DUE TO, OR AS A CONSEQUENCE OF			
	res sici		lost.	(c)			
1	phy phy sign buri		PART 2 OTHER SIGNIFICANT COND	TIONS CONTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a)	
N	ing ing	=	Old	Mouted Care	noma Colon.		
3	s be as the as t	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
11.	The off has had the	RTE			YES 🗀	NO CAUSES OF DEATH?	
N	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Dage 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached far use as the burial-transit permit should be filed with the State Dept. af Health priar to burial, crematian, ar research.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		Enter nature of injury in Part 1 or Part 2, I	tem 18.)
	hosp hosp is cer ache ache ept. c		21d. INJURY OCCURRED 21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, FAC		F.D. No. City or Tawn	Caunty State
	r the det	Ш	While Nat while at wark				
	DIN by Affte be Sto		220. I certify that (I) (this	hospital) attended the decease	ed from	, 1966, to some 2219,	4, that (I) (we) last
	FEN Ped The		causes stated abave.	(I) (we) (ded) (did not) view the I	7 <u>42.7.,</u> and indi in (my) (© badv after death.	, 19 <u>56</u> , ta <u>gue 2.2</u> 19 , wr) opinion death occurred on the da	te and hour and from the
	Sho etai	П	22b SIGNATURE		- ~	27c. [	DATE SIGNED
	OR DE L	П	Mounta	upl ? Day 11	DEGREE PHYS [	MED DIRECTOR DISTAFF DIAM	ne 24,1969
	TAI noy AI C Pag e fill	П	22d PHYSICIAN S	Do- M D	22e. ADDRESS		
	A n A n A n A n A n A n A n A n A n A n			d E. Day, M. D.			
	HO Bage	23o.	BURIAL CREMATION 23b. DA		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	5 5 5 v				ne Pk.Mausol		
	VR Ats VA		FUNERAL DIRECTOR	ADDRESS		RECD BY REGISTRAR S  25b. REGISTRAR S  25b. REGISTRAR S	SIGNATURE
	45M - 1/38		.W.Jenkins S	ons Co. Balto.	21212, Md. DATE	1000	Can Analas



		07947	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
					CERTIFIC	ATE OF D	EATH		079	40		
		EASED NAME First		M ddle		Last	20.	DATE OF DEATH	D V	2b. HOUR		
		PE	TER	М.		OLLY		Month 6	28 69	2: 30F		
	3. SE)		4. RACE			5. DATE OF BIRT		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 74 HRS.		
		MALE	WI	HITE		1/14	/99	lost birthday)		HOURS MIN		
	7e Bl	RTHPLACE (Stote or Foreign	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED [	NEVER MARRIE	U	INTY OF DEATH				
		MARYLAND	U.S.	Α.	WIDOWED [		D 🗆	BALTIMORE CO	UNTY	M		
,	10 CI	TY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR IN street oddress)	STITUTION (If no	it in hospital	12a USUAL OCCI	JPATION (Kind of work don	12b KIND OF S	JSINESS OR		
	FC	RT HOWARD	1	JET. ADM.	HOSPITA	L		varking life, even if retired	1) INDUSTRY B&O F	₹R		
	130 . admis	ISUAL RESIDENCE (Where deceo	sed lived, if institut 136 COUNTY	on Residence before			INSIDE CTY LIMITS?	13e STREET AND NUMBER				
20				- 232.3	BALTI		EZ X NO .	3124 Kenyo	n Avenue			
4	14 F#	THER S NAME Erst	Middle	Lost	15	MOTHER S MAID		M ddle	"	Last		
. /	1/ - 1		Connolly		110 117 16	ITOO HALLY	Bar	bara	Walsh	)		
2	Ye	WAS DECEASED EVER IN US ARI s, no gr Linknown)   (If yes give y Yes W	war or dates of service:	166 SOCIAL SECURITY		OF THE THE	OT ATA TTO	Address				
				705 07 1		CLIN, RE	G. VA HC	SP. FT HOWAR		ATE INTERVAL		
	- 1	IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RY			۸				ISET AND DEATH		
		MMED)	ATE CAJSE (a)	BRONCHOPN		4						
		Canditions, if any, which gave )		AS A CONSEQUENCE OF CIRRHOSI		מימיזיי						
		rise ta immediote cause (a),	(D)	AS A CONSEQUENCE OF		T A TOTA			-			
		stating the underlying cause ast		MALIGNANCY		OMTHAT.	CAVTTV					
	ŀ	PART 2 OTHER SIGNIFICANT CO						ON GIVEN IN PART 1(e)				
	- 1	CONGESTIVE										
	ATIO			ICH OPERATION WAS PE		20a AUTOPS		20b. IF YES, WERE FINDING	S CONSIDERED IN CE	RTIFYING		
以	CERTIFICATION					YES 🗀	NO EXX	CAUSES OF DEATH?				
		To ACCIDENT WAS UNDERLYIF	NG 216 TIME O		21c H0	W INJURY OCCUR	RED (Enter nature	af injury in Part 1 or Part	2, Item IB.)			
	富川	OR CONTRIBUTING CAUSE OF DEA'	ner) P.M.	Manth Doy Year	9							
	W	21d INTURY OCCUPRED 121e	PLACE OF INJURY	AT HOME FARM, STRFET, FA	CTORY) 21f LO	CATION Street o	ır R.F.D. No	City or Town	County	State		
	10	t work at work										
		22a I <b>certify</b> that (1) (the saw the deceased a	is hospital) att	ended the deceas	ed from	6/10/69	19	ta 6/20/69	19, that	(₱ (we) la		
		saw the deceased a causes stated abave	live an O/4	(diakata) view the	hody after d	that in (mỹ) eath	(aur) opinion	death accurred on the	date and hour o	ind fram th		
		22b SIGNATURE N. A	2) (We)(did)	(did-aday view the	booy aner a			2	2c DATE SIGNED			
		Was	ila 1)	Lann	DEGRE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	6/28/69	}		
,	1	22d PHYSICIAN'S	- W. 12			22e. ADDRES						
		NAME (Type) MOU	TA DILAT	MY, M.D.		VAH	FORT HOW	ARD, MARYLAN	TD			
	23 a.	BURIAL, CREMATION, 23b	DATE - /0 //	23c NAME OF	CEMETERY OR	CREMATORY	23d	LOCAT ON (City or Town)	(County)	(State)		
$_{\wedge}$	F	REMOVAL (Specify)	7/2/6			l Cemete	1	Baltimore	e, Maryla	nd		
) J	24 F	UNERAL DIRECTOR Leona	ard J	5305 Ha	rfold	Road 25	o REC'D BY REGIS	TRAR 256 REGISTRA	R.S. SIGNATURE			
N	R	ick Funeral Ho	me inc.	Raltin	ore. M	d.   n	ATÉ 1181 1	1969 Mila	maken food	150		

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07941 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME Eirst Middle Lost 2a DATE KNOWNET Month (Type or Print) ESTI MICHAEL. FRANCIS CONNOR SJR. June 5. 19692:15ME 5 DEATH MATED 6 AGE fin years IF JNDER 24 HRS. 2r DATE PRONOUNCED DEAD 4 RACE 3 SEX S. DATE OF BIRTH 2d. HOUR 20 White Ma1e 1969 2:15MF June May 24, 1949 YRS 7b. CIT-ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH (auntry) WIDOWED [ DIVORCED [ Baltimore U.S.A. Maryland Give Poges the State 12a JSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR along with 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) during most of working ite, even if retired.) INDUSTRY College Towson Balto.Beltway W.of Falls Rd 3d INSIDE CITY LIM TS? 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER o. USUAL RESTATE

admission) STATE

Maryland 13b. COUNTY Balto. YES NO 8302 Ridgley Oak Road Towson Poge 4 should be forwarded to the Chief Medical Examiner's Office ofter in-Herra 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle Lost Michagel hours Francis Connor Sr. Sarah Hodson Segod 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 85025 Ridgley Oak Rd. 17. INFORMANT be executed within (Yes, no. or unknown) 220-54-9980 Michael F. Connor Sr. Towson, Maryland File Ñο within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. AS CAUSED BY. Multiple traumatic injuries PART I DEATH WAS CAUSED BY. event 1 DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gove use to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause C removol, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO pleose execute the certificate. pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
Apparently car left beltway and struck a bank
across a deep ditch ö 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 3 should PRIMARY FOR CONTRIBUTING cremotion, 1969 CALISE OF DEATH 21e. PLACE OF M.JRY (At home, form, street, factory, affice building, etc.) 21d NJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State may be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Balto.Beltway Street Towson Balto, M.D. 220. I certify that I took charge of the remains described above, held on Autopsy x buriol Inspection Inquiry and in my opinion director. Natural causes . Accident x Undetermined monner Suicide . Homicide death resulted from. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 6/6/69 **EXAMINER'S** 5 may ro FUNE Health Ronald N. Kornblum, M.D. NAME (Type) ADDRESS(Street, city, town, ar county) 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) June 9, 1969 Immaculate Conception Com Towson, Balto, Co. A Burial 24. FUNERAL DIRECTOR 8521 Loch Raven Blvd. DATUN William E. Johnson Baltimore, Maryland



		- 1			D STATE DEPARTMENT OF		
اله الاستر الاستراخ	1		07949		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	07942
	2 84	- 1	DECEASED NAME First	Middle		10.000	
	death, and 2 death.	Ľ	(Type or print) FRA		Cook	2a. DATE OF DEATH Month Day	Year 4 S M
	E STATE OF	3	SEX M	4. RACE	S DATE OF BIRTH 94	a trac (in land)	OF UNDER 1 YEAR OF UNDER 24 HRS NONTHS DAYS HOURS MIN
	in by the	70	BIRTHPLACE (State or foreign intry) Baltimore, No.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	O COUNTY OF DEATH Baltimore	
	filled filled pape thin Z	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	TITUTION (If not in hospital 12a, USU	AL OCCUPATION /Kind of work done	12b. KIND OF BUSINESS OR
-	with bon with	1 L	Baltimore	give Street address) gro	re St. Hosp during m	ast of working life, even it retired)	INDUSTRY GOVE
	campletely ave carbor y event, wit	6 ad	USUAL RESIDENCE (Where deceased nission) STATE Maryland	d twed, if institut and Residence Stare List COUNTY Y TIME GEORGE	136 LITY OR TOWN " 13d INSIDE CTY .	M 159 1 13e STREET AND NUMBER 2773 - 73 rd	
فمنسب	and cond cond cond cond cond cond cond co	14	FATHERS NAME First	Middle Coo	IS MOTHER'S MAIDEN NAME	rst , Modle	IFR Last
	physician of the please over, and in	16	1. WAS DECEASED EVER IN J.S. ARMEI Yes, no or Jinknawn)   1 types give wor	D FORCES?  or dotes of service,  2 17 - 12 - 93	IO 17 INFORMANT	St. Hosp Catons	ville. Md
	certi g ph Then mav		18 CAUSE OF DEATH (Enter only	ane cause per ne far (a) (b) and (c),		77	APPROX MATE INTERVA.
	equires that the death ce physician. signed by the attending i burial-transit permit. The		PART I. DEATH WAS CAUSED	BY E CAUSE (a)	Prenmonia.		BETWEEN ONSET AND DEATH
	he d e atte perr		Canditians, if ony, which gave )	DUE TO, OR AS A CONSEQUENCE OF			
	hat the ny the onsit ema		rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF			
7	res tricia red book to		last	(c)			
1)	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in Page 4 may be retained by the hospital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon paper should be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72	22	H. S.C	- / ' -	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
7	The law ratending has been se as the h priar ta	CEPTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	,	2Db. 1F YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
,,,	ar all the house solth	ar day	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	YES Z	r nature of injury in Part 1 ar Part 2, Ite	m 191
	vsicians or ospital or certificate the far us of Healt	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		i natore of injury in ruit 1 di ruit 2, ne	10.7
	G PHYSICIAN: the haspital ar this certificate detached far u te Dept. of Heal	1 15			ORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
	by the office of		22a. I certify that XX (this	hospital) attended the decease	d from 2.3.1., 19.69. and that in (my) (out) opi	8 to 6 2 , 196	Y_, that (I) (we) last
	ould the		causes stated above,	(I) (we) (did (did not) view the I	ody after death (my) (put) opi	nian deoth accurred on the date	ond haur and from the
	OR ATTENDING be retained by the DIRECTOR: After the ge 3 should be died with the State		226 SIGNATURE	L. Pirovolidus		NED. STAFF 22¢ DA	TE SIGNED 2.69.
	TO HOSPITAL OR ATTENDING PH. Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detact		22d PHYSICIAN'S DIOMIC	L. PIROVOLID	The Append		tous-ille, Med
	UNE UNE Scream	23	BURIAL CREMATION 235 DA		EMETERY OR CREMATORY		
	Pag Pag Pag Afre		REMONAL SEATIVE 6/6/	69 Ft Lin	coln Cemetery	23d LOCATION (City of Town) Colmar Manor Pr	(County) (Store)
	VR AIS he	24	FUNERAL DIRECTOR Gasch's	Sons Hyattsvill	e, Md. 25a REC'D B	Y REGISTRAR 25b. REGISTRAR S 54	GNATURE



			1		BUUCIO			DEPARTME			With an			
	-			07950	חואואוט	N OF VITAL RECORDS,		CATE OF D		UKE, MAK	YLAND 2120		0794	.3
deg 1	2/3		I. Di	CEASED-NAME First		Middle	CERTIFIC	Last		2a. DATE OF	DEATH		4103	2b. HOUR
١	AT I		(1	ype or print) Mar	V	E.		Cooper			Month June	Doy	Year 1969	
ج کے	Te Te		3. SE		4. RACE	1.70 A A		S. DATE OF BIRT		03.0	6. AGE (In years last birthday)	s IF	FUNDER 1 YEAR ONTHS OAYS	IF UNDER 24 HRS
S. Page.			<u> </u>	Female		White		_	il 5, 1		59	YRS.	ARTIN GRES	NIN.
= \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5		7o. I	SIRTHPLACE (Stote or foreign itry)Baltimore		E OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI		OUNTY OF	DEATH timore			
in Z				ITY OR TOWN OF DEATH	0.0	11 NAME OF HOSPITAL OR IN	STITUTION (IF:	ent in hospital			(Kind of work	done	12b. KIND OF B	Md 223 AISIL
With H		1		Baltimore		givestreet address) eph	Hospi	tal	deringmost	of Barre	life, even if retail	redb.	INDUSTRY	OSINE SO OK
J. FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72			13a odm	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	d lived, if	institution: Residence before	13c. CITY O	R TOWN 13	d. Inside City Limits:		REET AND NUMBER		326	
emo ony		54	14 (	ATHER'S NAME First	M	iddle Lost	1	S MOTHER'S MAIR	DEN NAME First		Midd	dle		Lost
din dr		f		Thomas	3	T. McGovern				Emily		Τ.	Lel	and
oleo:			160 Y	WAS DECEASED EVER IN U.S. ARME es, no. ecunknown) (If yes give wo		16b. SOCIAL SECURITY	NO 17	INFORMANT			Addre			444
ovd ovd						212-44		Robert	M. Coop	er Rt	#16 Box	326	21220	ATE INTERVAL
E = E				1B. CAUSE OF DEATH (Enter any PART I DEATH WAS CAUSED	offe couse	e per tine far (a), (b), and (c)	.)						BETWEEN ON:	SET AND DEATH
mit.				IMMEDIAT	E CAUSE (o	)	SULLL	ciency d	ue to p	ortal	cirrho	sis,	-	
e at per tion				Conditions, if any, which gave		OCORADORDO SONO DE COMPROSORO	c a	nd hepat	ic vein	thro	mbosis.			
nsit men				rise ta immediate cause (o), (		(b)O, OR AS A CONSEQUENCE OF								
2 T T T T T T T T T T T T T T T T T T T				stating the underlying couse last.	DUE 11	O, OK AS A CONSEQUENCE OF								
orrio urio				PART 2. OTHER SIGNIFICANT CON	ITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL I	DISEASE OR CONT	DITION GIVEN	N IN PART 1(a)		<del>- </del>	
en s Te to			22											
s be as fl rior		1	CERTIFICATION	19a DATE OF OPERATION 19b. C	ONDITION F	FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	59?		YES. WERE FINDI	NGS CONS	SIDERED IN CEI	RTIFYING
as to √	1	1	RTIFI					YES 🔲	NO 🔲		OF DEATH?			
irate or u Heol				2\a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH		TIME OF INJURY R A.M. Month Day Year	21c F	OW INJURY OCCU	RRED (Enter na	ture af injur	y in Part 1 or Pa	art 2, Iten	m 1B.)	
pd f			MEDICAL	(If either, natify medical examina	er)	P.M.	9							
IO FUNEKAL DIKECIUK: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to			W	at work at work		NJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING ETC.					or Town		County	State
Stat				22a. I <b>certify</b> that (1) (this saw the deceased ali	haspita	il) attended the deceas	ed fram	4=29	, 1969	, ta	6-11	., 19 <b>b</b>	29_, that 4	(4) (we) las
등 등 등				causes stated abave,	(d) (we)	(did) (did nat) view the	bady after	death.	) (aur) apiilia	in death d	iccurred an 11	ne date	ana naur a	na trom the
<b>3</b> % €		,,		22b. SIGNATURE	1 11 11	2		ATTENDING	MED		CTAFF 32	22c. DAT	TE SIGNED	-/-
963		1		dehin LI	hum	nd M. P.	DEG	REE PHYS.	DIREC	TOR 🖵	STAFF PHYS.	June	e 11,19	969
or, pood be fil		Į.		22d PHYSICIAN'S NAME (Type) Christ	ina	Feliciano, M.	D.	22e. ADDRE		Road,	Towson	ı, Md	#212	04
recto			23a	BURIAL CREMATION, 23b. D REMOVAL (Specify)	ATE	23c. NAME OF			_ 2		N (City or Town)		(County)	(etot2)
2 <del>'</del>				( Parent of ) 6	-1/147	10340		emori e			timore			Md.
VR A15	-	20	24	FUNERAL DIRECTOR	1/2	79 ADDRESS	1:2		DATE UN 1	6 19	69 25b. AGUS	100 P-113	MATURE	
SOM HEAT	1	W		GSSANYLINE	of M	0.0 1 101 Page	car /		DAIL OIL *	J				



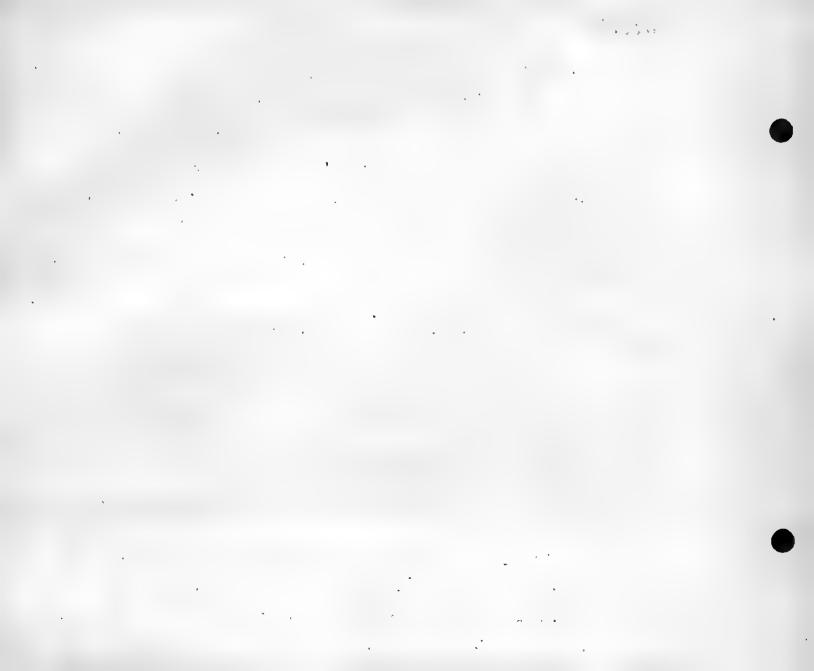
	1	MARTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		07951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07944 ORD	(h
MEALIN DEFI.		DECEASED NAME First Middle Lost 2a DATE KNOWN Month Doy Feor IND H	IOUR
. s o a +		(Type or Print) FLORENCE CORKRAN OF ESTI- DEATH MATED 10/09/09 7	0.
← / CR Y	3 5	DEATH BALLS   10   FI   FI	MI
deloy and deloy	1	C 11 7/10/12 last birthday) MONTHS DATS HOURS MIN Month   Dom // year 11/	Z K
	7.	7 7 3 3 5 YRS	M
f ony deloy		BIRTHPLACE (Stote or foreign 7b (ITIZEN OF WHAT COUNTRY? 8. MARRIED HEVER MARRIED 9 COUNTY OF DEATY	
e D		WIDOWED DIVOKED 1374LTU	Md
A to the total of	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hasp to 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS O	)R
deoth deoth we Pages ywith for	,	ESSEX g ve street oddress) MACE during most of working ite even if retired) INDUSTRY	
after deoth 18. Give Pages along with for with the State eaths		LISTAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13d MISIE CITY CAM IS? 13e. STREET AND NUMBER	—
alogo de de la	0	Odmission) STATE MD 136 COUNTY BALTO ESSEX YES NO ET 934 MACE	
BALTIMORE, Md., 24 hours after deoin Item 18. Give Paris Office along with and 2 with the Starter deaths.	14	FATHER'S NAME First Middle Lost I.S. MOTHER'S MAIDEN NAME First Middle Lost	==
A Table Table		CHARLES KNOWLAND	
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within 24 within 24 pencil in zonumer's xamumer's 72 hougs	(	Yes, no, ar unknown) (If yes give war or dates of service) - GUY T, CORKRAN ABOUE	
Z 0		PART I DEATH WAS CAUSED BY	
PRESTON e executed pending" is permit. sit permit.		MMED ATE CAUSE (b) CONCORD COLLISION	
end end int p		Conditions, if any, which gave )	
A. be be 'p phiel hiel hiel ans		rise to immediate couse (a) (b)	
201 W. PRE solld be exword "pend word "pend he Chief M ial-transit p		stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	
S, 301 W. Pl should be e ne word "per to the Chief I burial-transit in any even		lost. (c)	
F VITAL RECORDS, 301 of this certificate should ficate, writing the word ficate, writing the word of the Classical before a purial-transval, and in any or removal, and in any		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RENATED TO THE TERMINAL DISEAST OR CONDITION G VEN IN PART I(a)	_
REC riting rates of the color o	110	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	_
VITAL REC fhis certificate, writing the forward belosed	MEDICAL CERTIFICATION	WAS PERFORMED?	0
: VITAI This c ficote, be for	ER	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)	<b>A</b> -
ION OF INER: 1 should be files. 3 should be option, or option, or	ਤ	PRIMARY   OR CONTRIBUTING   HOUR A.M.	
NER. Cert houl iles. sho tion	MED	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Street	ate
T W T T D E		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK  AT WORK AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WO	316
ICAL E E EXECT FOR FOR ECTION (CTOR: burior, burior, burior, burior, burior, burior, burior,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry and in my api	nign
MEDICAL Inlease exerting director. Perponed for DIRECTOR		death resulted from: Natural causes	
MED MED direct to m to		ACTUAL THE MEDICAL EXAMINER	
ITY MEDIC, ITY, please e eral director be retoined RAL DIRECT Pprior 48 but prior 4		SIGNATURE MD ASSISTANT MEDICAL EXAMINED 22D DATE SIGNED	6
EPUTY Ssary, p funeral ay be r INERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7
O DEPUTY MEDICAL E necessary, please exect the funeral director. Pa 5 may be retained for 9 FUNERAL DIRECTOR: Heolth prior to burior,		NAME (Type) TOO ADDRESS(Street, cly town, or downly)	
nece the 5 m Heol	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Store)	
N.		REMOYAL Specify L 6/12/69 PARKWOOD BALTO. MD.	
VR AISME (S)	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR S SIGNATURE	
1DM 1 749		CONNELLY SONS 300 MACE DANUN 13 1969 Charles Judge	
7			



			ID STATE DEPARTMENT OF H		
	07952		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
			CERTIFICATE OF DEATH		07945
that the death certificate be executed within 24 hours after death.  by the offending physician and completely filled in by the funeral ansit permit. Then please remove corban papers. Pages 1 me 2 remarkion, or removal, and in any event, within 72 hours after dearent.	I DECEASED NAME (Type or print)  EDI	isst Middle NA MARIE	COWARD	2a. DATE OF DEATH  6 Month 1 Doy	69 <sup>Yeo</sup> 10 a <sub>M</sub>
fun fun s 1	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
s af the age rs af	Female	White	February 8,	1904 last birthday) YRS.	MONTHS DAYS HOURS MIN
by hour	7a BIRTHPLACE (State or foreign country)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
24 H ed ir ipper	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore CO	Art.
falle falle	10 CITY OR TOWN OF DEATH			1 OCCUPATION (Kind of work done ast of working ite, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY
with with with with with with with with	TOWSON	Great. Bal	Lt. Med. Cen during my		
nple e co	odm ssion) STATE	13b. COUNTY	AEZILLI MIC		0100=
xect nov	Maryla 14. FATHER'S NAME First	and Baltimore	Is, MOTHER'S MAIDEN NAME F	- 35 -ISE Aven	ue 21227
ond ond in a	George	B. Amey	Daisy	Hess	LUSI
ne death ceatificate be otherwise by permit. Then please ion, or removal, and i	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECURITY	NO. 17 INFORMANT	Address	21204
A Second	Yes, na, ar unknawn) (fyes i	1215-40-54 215-40-54	Mr. George W.	Coward, 8439 Plea	
The Table	18 CAUSE OF DEATH (Ente	anly one cause per time for (a), (b) and (c)			APPROX MATE INTERVAL BETWEEN DISET AND DEATH
indir nit.	PART I DEATH WAS CA	USED BY EDIATE CAUSE (a) BRONCHO	PNEUMONIA		4 Days
offe offern	114X	DUE TO, OR AS A CONSEQUENCE OF			
the the nation	Canditions, if only, which go use to immediate cause (		MA of Rt. BREAST	with Metasta	sis4 Yrs.
	stating the underlying cou	DUE TO, OR AS A CONSEQUENCE OF			
requires that the death certificate be executed within 24 hours after g physician.  s gade by the attending physician and completely filled in by the fun s burief transit permit. Then please remove corbon papers. Pages 1 a burief, cremation, or removal, and in any event, within 72 hours after	last.	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT BELLETED TO THE TERMS HAS DIFFERED ORG	CAIDIT ON CHURCH IN BART 17	
o bu		<del></del>		UNDER ON GIVEN IN PART I(0)	
The low re ottending hos been se os the h prior to	190 DATE OF OPERATION 1	Herpes Zoster R: 95 CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200 AUTOPSY?	205. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The offer hos se os	DELLE		YES NO X	CAUSES OF DEATH?	•
			21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, I	Item 18.)
HYSICIAN: hospitol or certificate cardinates for use pt. of Healing	☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex-	DEATH HOUR A.M. Month Day Yeor ominer) P.M.	9		
	21d. M.JRY OCCURRED While Not while at work at work	21e. PLACE OF INJURY ( AT HOME FARM, STREET FA OFFICE BUILDING, ETC	CTORY ) 21f LOCATION Street or R.F.D. No	City or Town	County State
DING by the kifter the de de de de de de State	22a. I certify that (1)	(this hospital) attended the deceas	ed from May 30 19	69, to June 1 , 19	69 , that (I) (We) lost
ed to the state of	saw the deceased	alive an JUNE I and a series an	19_69, and that in (My) (our) api	nian death occurred on the da	te and havr and fram the
R ATTEND retoined reCTOR: A 3 should with the	22b SIGNATURE	uve, (i) (we) (ala) (incritor) view the	bady after death.	220	DATE SIGNED
OR ATTENDING PI be retoined by the SIRECTOR: After this e 3 should be deto ed with the State Do	Deek	19 Bruce	DEGREE PHYS D		June 1, 196
AL AL D	22d. PHYSICIAN'S		22e ADDRESS		
TO HOSPITAL OR ATTENDING PH. Page 4 may be retoined by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detacted by the state Detacted by	NAME (Type) Dr	. Derek A. Bruce	M.D. 6701 N.	Charles St.	21204
HO. FUN FUN FOUL	23a. BURIA., CREMATION, 2		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		6-3-1969 Baltin	more National Cemet		
VR A15	24. FUNERAL DIRECTOR Howard H. Hubb	ard, 4107 Wilkens	Avenue 21229 250 RECD B	Y REGISTRAR 256 REG STRARS	SIGNATURE

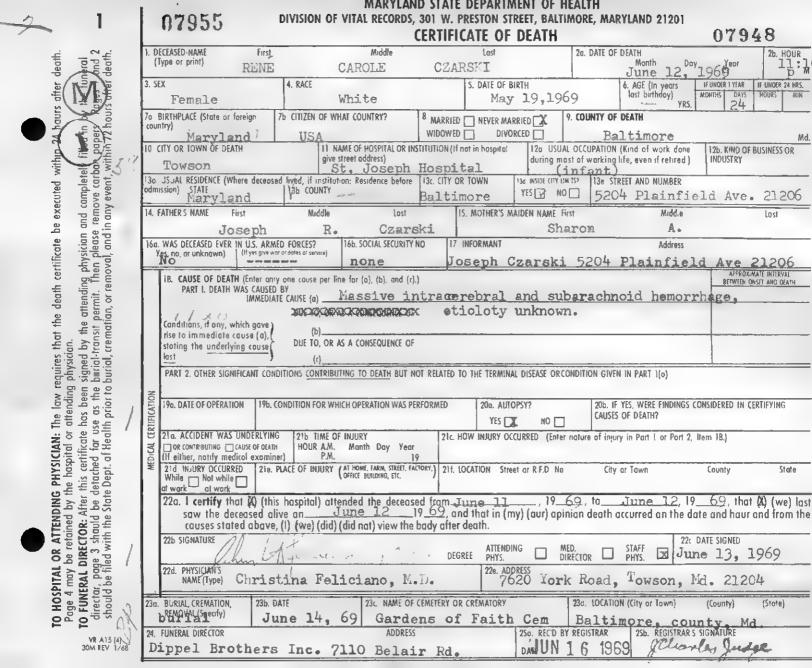


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07953 07946 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle death Lost 20. DATE OF DEATH 2b. HOUR that the death certificate-be-executed within 24 hours after death and (Type or print) MAY Month AUMER ond in any event, within 72 hobse after 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF HUDSE I YEAR lost birthdoy) DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED N NEVER MARRIED completely filled in papersi (balti linia WIDOWED [ DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR plèose remove corbon give street oddress) during most of working life, even if retired.)
Housewife INDUSTRY 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY 10A-TS? 13e STREET AND NUMBER STATE 1/35 COUNTY eYES [ Maryland NO 3 Balt imore -Catonsvill 1063 Parksley Avenue 21223 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle the attending physicion and sit permit. Then please rem Lost (Unknown) Shumate (Unknown) Julia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (III yes give war or dates of service) buriol, cremotion, or removal, Elsie M. Reprogel 1063 Parksley Aven 21223 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATS PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Gabetes mellitus signed by the buriol-transit Conditions, if ony, which gove to rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF GEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 200 // 1964, to 1964, 1964, that (I) (we) last saw the deceased alive on 1964, and that in (my) (our) opinion deoth ground on the date and haur and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIANS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) DakGrove Baptist Cemetery Md. Churchville Hartford 6-12-69 ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Howard H. Hubbard 4107 Wilkens Ave. 21229 30M REV, 1768 Milconta Osad



21			DIMICION C		ID STATE DEPA					
†	0795	4	DIAISION C	OF VITAL RECORDS,	CERTIFICATE			MARYLAND 21201		947
Ĭ.	DECEASED NAME	First		Middle	lo	st		E OF DEATH	01	2b. HOUR
	(Type or print)	OLL		В.	CRIZI	ER	Ju	ne Month 18	<sup>Dογ</sup> 196 <sup>γ</sup> βοι	2:a- M
3	SEX		4 RACE			E OF BIRTH	1070	6 AGE (In years last by bay)	IE UNDER YEAR	1F UNDER 24 HRS HOURS MIN
7.	F BIRTHPLACE (State	or former	The CUTITED OF	WHAT COUNTRY?		gust 6,		11		
G C	Virgin	ia.		S. A.	8. MARRIED NEV	ER MARR ED [	9. COUNT	of DEATH		
10	CITY OR TOWN OF	DEATH	11	NAME OF HOSPITAL OR IN		spitol 12a	USUAL OCCUPA	TION (Kind of work dor	ne 12b KIND OF	BUSINESS OR
	Catonsville Summit Nursing Home during metals were if retired)  13a USUA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIGE CITY AMISS? 13e STREET AND NUMBER									
13 ac										01000
Ŀ	FATHER'S NAME	aryland	Middle	Da IC Illioic	+			2010 Harman	Avenue	
Γ	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAD DEN NAME First Middle Virginia Brown									Last
71	TO WAS DECEASED EN	ER IN U.S. ARM	ED FORCES?	16b SOCIAL SECURITY				Address		
L	Yes, na, or unknown			None		L McCor	mick 20	10 Harman A		
	18 CAUSE OF D	EATH (Enter and TH WAS CALISED	y dhe cause per	line far (a), (b), and (c)					BETWEEN O	MATE INTERVAL DASET AND DEATH
ı	11100	IMMEDIA	BY TE CAUSE (a)	,	y occlo	151000			50 Cer.	nds
	Conditions, Can		DUE 10, O	R AS A CONSEQUENCE OF	y Horas	26051	· -		see.	mels
ı	rise to immedia stating the unde	te cause (o), ( erlying cause(	DUE TO DI	R AS A CONSEQUENCE ME				0 -/ -		- 4
l	<u>last</u>	)	i I inge	Anteniosei					me ge.	<i>K N.</i> >
П	PART 2 OTHER 5	IGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TE	rminal diseas -	SE OR CONDITION	GIVEN IN PART 1(o)		
MOSTA	19g. DATE OF OPER	ATION 19b (	ONDITION FOR V	WHICH OPERATION WAS PE	RFORMED 200	. AUTOPSY?	20	b IF YES, WERE FINDING	S CONSIDERED IN C	FRTIFYING
PEDTITION			-			res 🔲 💮 🖪		USES OF DEATH?		
			E 1-4 1-11-16		21c HOW INJU	RY OCCURRED	(Enter nature af	injury in Part 1 or Part	2, Item 18)	
ASDICA.	(If either, natify	medical examin	er) P.A	d1	9					
	21d INJURY OCC White Not w at wark at wa	hile Zie.	PLACE OF INJUK	Y (AT HOME FARM STREET, FA OFFICE BUILDING, ETC	211 LOCATION	Street or K.F.	.D. Na.	City or Town	County	State
l	22a. I certify	that (I) (the	haspital) o	ttended the decease	ed fram	1-26.	1967, 10	6-14	19 6 9 . that	(I) (we) last
ı	sow the	deceased al	ve on	ttended the deceas d) (did nat) view the	1969, and that	ın (my) (our	r) opinion dea	th accurred on the	date and hour	ond from the
L	22b SIGNATURE	O C	11.00	1				2	2c DATE SIGNED	
L	Cill	7 4.1	wor	acio tel	DEOKEL P	TENDING IZ	MED DIRECTOR	6 11131	20 DATE SIGNED	99
	22d. PHYSICIAN'S NAME (Type)	Cesa	J. Pe	11erano	22	e ADDRESS 2436 Wa	shingto	n Blvd.		
27	a BURIAL, CREMATIC				CEMETERY OR CREMAT			ATION (City or Town)	150 1	(State)
2.0	REMOVAL (Specify Burial		-21-69		: Hill Cem			ington, Vi	(County) rginia	(State)
	I. FUNERAL DIRECTOR			ADDRESS		2Sa Ri	EC'D BY REGISTRA		R'S SIGNATURE	0 × 181
ŀ	loward H.	Hubbar	d 410/	Wilkens Ave	e. ZIZZY	DATES	UNZA	1969 XCC	arelan you	

1	E		MARYLAI DIVISION OF VITAL RECORDS	ND STATE DEPAR . 301 W. PRESTON				
, , ,	I	tem 23bFilm41	6G-9/17/69ts ·	CERTIFICATE O		,	1243	549
death death.	(	ECEASED NAME First Type or print)	M-ddle	Cunningh	am	June 26, 19	969 Yeor	26 HOUR 10 pM
S offer	3 5	Male	4. RACE white	5 DATE 0	F BIRTH 69	6 AGE (In years last birthday) ————————————————————————————————————		F UNDER 24 HRS HOURS 5.0
24 heurs d in by the pers. Page 72 hours	Can	BIRTHPLACE (State or foreign ntry) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	B MARRIED NEVER	MAKKILD [	NTY OF DEATH altimore		Md
	10.	CITY OR TOWN OF DEATH  Towson	11 NAME OF HOSPITAL OR II		ol 120 USUAL OCCU	PATION (Kind of work dane rating life, even if retired)	125 KIND OF BU INDUSTRY	SINESS OR
rd of Mary be executed withi n and completely f se remave carban d in any event, with	13a odn	USUAL RESIDENCE (Where decedingsion) STATE Maryland	sed wed, if institution Residence before	13c CITY OR TOWN Baltimore	YES NO NO	13e STREET AND NUMBER 2402 Gainsbox	rough Ct	•
execu emave		FATHER'S NAME First	Middle Last		MA DEN NAME First	Middle		Last
be be no as a red in	ш	Howard	Morton Cunningh		Cathe		Rumis	elle
erificate be exe	160	. WAS DECEASED EVER IN U.S. ARI Yes, na, orunknown)   11f yes give v	MED FORCES? 165 SOCIAL SECURITY war or dates of service)	'NO 17. INFORMANT		Address		
natomica of the duath of the attending nsit permit. If matian, or rem	NO	PART 1. DEATH WAS CAUSE !MMED! Conditions, if any, which gave rise to immediate couse (a).	DUE TO, OR AS A CONSEQUENCE O	Inmaturity			APPRÓXIMA BETWEEN ONSI	
taken by A. he law requires th attending physician has been signed by e as the burial-tra h priar ta burial, cre			(c)	NOT RELATED TO THE TERM				
ta alter ditter the has	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS F	YES		206. IF YES, WERE FINDINGS C CAUSES OF DEATH?		DEYING
Body taken PHYSICIAN: The law re he haspital ar attending his certificate has been etached far use as the Dept. af Health priar ta	MEDICAL CE	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exam)	TR HOUR A.M. Manth Day Yeo iner) P.M.	19	·	of injury in Part 1 or Part 2,	Item 18.)	
PHYS e has his ce stache Dept.	N.	at wark at wark	PLACE OF INJURY ( AT HOME, FARM, STREET FOR COFF CE BUILDING, ETC.			City ar Tawn	County	State
ATTENDING retained by the retained by the RECTOR: After the 3 should be de with the State		couses stoted above	nis haspital) attended the decear flive on 6–26 e, (I) (we) (did) (did not) view the	sed from 6_2 1969, and that in body ofter death.	( <b>xxx</b> ) (aur) opinian o	ta6_26, 19 leath occurred an the do	69, that <b>x</b> ite ond houfai	I) (we) last and from the
OR be range 3	ı	22b. SIGNATURE	auto M.D	DEGREE PHYS		STAFF 22c.	date signed 6-26-69	
TO HOSPITAL OR Page 4 may be 1 of FUNERAL DIRI director, page 3 shauld be filed v			guto, M.D.	76		d, Tewson, Ma		
TO HC Page TO Ful direc shau		REMOVAL (Specify) 'Ju	ly 6, 1,69 Anator	-	Md.	LOCATION (City or Town)	(Caunty)	(State)
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR	ADDRES	7	250 REC D BY REGIS	TRAR 1969 25b. REGISTRAR'S	SIGNATURE	PA.







	1			DIVISION OF VIT		DI W. PRESTON STRE			
	ž.	П	07957			RTIFICATE OF D			07950
	deoth neral ond 2 death.		FCEASED NAME First		Middle	Lost Day		TE OF DEATH  Month Doy	Year 2b HOUR
	r deat	3 5	DAIN	4 RACE	IARY	DAVENPOR	,	JUNE 10	1969 10 45 AM
	24 hours after deoth personal and the funeral to hours ofter death	, ,	FEMALE	WHITE			" IBER 22, 19	last hiethdayt	MONTHS DAYS HOURS MIN
	hours hours	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT C	OUNTRY? 8	MARRIED NEVER MARRIE		Y OF DEATH	
	illed in 72 h	140	RGANTOWN VIV	U,5		WIDOWED DIVORCE			MORE, Md
			BAYNESVILL		address)	TUTION (If not in haspital WANNA AVE	during most of wor	TION (Kind of work done rking ble, even if retired.)  E WOK K	126 KIND OF BUSINESS OR INDUSTRY
		130	USUAL RESIDENCE (Where deced	sed lived, if institution:	Residence before	3c CITY OR TOWN 13d	L INSIDE CITY LIMITS? 13	Be STREET AND NUMBER	LATHOME.
	ove v eve		issian) STATE MD1	13b. COUNTY BA		/// · / = · ·		742 LACKAU	PANNA HVE#34,
	ond complete remove cin ony eve	14.	FATHERS NAME First  JAM	E5 RAY	Lost NER	15 MOTHER'S MAID	EN NAME First  ROSELL	A FISHA	Lost
	icate be executed with sicion and completely please remove carbon, and in any event, with	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO	17 INFORMANT		Address	/\
	physicion en pleose ovol, and		es, na, ar unknawn) (14 yes give	war ar dates at service)	18-22-38	32 WILLIAM	H. DAVEN	PORT	SAME.
	the low requires that the death certificate be executed attending physician. has been signed by the attending physicion and cample as the burial-transit permit. Then please remove con high prior to burial, cremation, or removal, and in any even		18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSI IMMED	nty one couse per line to	(a), (b) and (c).)	P. O.		) For	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	deor treme		1608 IMMEDI	DUE TO OR AS A		- / were		esp, men	24.
	t the a		Conditions, if any, which gave	(6)	Pu	Enongery.	Metal	uses.	2ms -
い	tho ian. by trans		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS	CONSEQUENCE OF	AND	(Ox)	- 1/5	1- 6 ha -
1.0	physicia signed l burial-tr		lost.  PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISFASE OR CONDITION	GIVEN IN PART 1/g)	7 0 7.4
1	The low requires the attending physician. has been signed by se as the burial-traith prior to burial, cre	z	Trans a contact storm (contact to	201111111111111111111111111111111111111	10 001111				
	IAN: The low roll or attending ficote has been for use as the field health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH C	PERATION WAS PERFO		10	Ob IF YES, WERE FINDINGS ( AUSES OF DEATH?	ONSIDERED IN CERTIFYING
	or at he had the had all the h	CERTIF	270. ACCIDENT WAS UNDERLYI	NG 216. TIME OF INJU	!PY	YES T	NO [	f injury in Port 1 or Part 2,	Itam IR1
	CIAN intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol intol i	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Morner) P.M.	onth Day Year	are now more occur	12000	, may m 1001 1 0, 1001 2,	1011 10-7
	OR ATTENDING PHYSICIAN: be retoined by the haspitol or DIRECTOR: After this certificate je 3 should be detoched for it ed with the State Dept, of Hea	MEE	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT H		21f. LOCATION Street of	or R.F.D. No	City or Town	Caunty State
	C PH) the h	L	at wark at work					5/2/ 10	/-9 M-1000 -VI -
	d by t After After d be d	1	saw the deceased of	olive on 3/20	6 The deceased	ond that in (my)	(our) opinion de	oth occurred on the de	67, that (1) (we) last the ond hour and from the
	ATTENDING etoined by th CTOR: After th should be de		causes stated abay	e (1) (we) (did) (did	nat) view the ha	dy ofter deoth.			DATE SIGNED
	OR A	ı	Sen S	Kuly	who	DEGREE PHYS	MED DIRECTOR	STAFF D 6	113/69
	AL DAN Pool Pool Pool Pool Pool Pool Pool Poo		22d PHYSIC AN'S NAME (Type)	ORGEU. R	ICURAD	22e ADDRES	S . X . Z . Z	-c/ C+	# 2 12 21
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefed director, page 3 should be detached for use as the burial-transit permit. Then please remove cart should be filed with the State Dept, of Health prior to burial, cremation, or removol, and in ony event,	22-		DATE	1 CHARD	METERY OR CREMATORY		OCATION (City or Town)	(County) (Store)
	Pogg O Flog dire sho	230		-14-69		PAINE PAR	K 560	8 DOGWOOD	Rp. BA, Co, MD.
	VR ANS NI	24.	FUNERAL DIRECTOR	901	S, CADDRESS,	.ING ST, 25	So REC'D BY REGISTE		SIGNATURE
	30M REV POR	1	sharles sidel	er BAL	-TO,212	24. MD 0	ATP VIOLETA	1909	

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_	1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DOCE O	VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	Ľ	7958	CERTIFICATE OF DEATH	07954
r death uneral 1 and 2 rr death.		Type or print)	n Burkholder Davis 20 DATE OF DEATH 6 Month 16 Day	6 Pear 8 A M
after of fur	3 5	Male	8 10 10 L	IF UNDER I YEAR HE JNOER 24 HRS.
24 haves	70 (01)	BIRTHPLACE (State or foreign 27 7b.	CITIZEN OF WHAT COUNTRY?    8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	tv. Md
within pour promite program pr		CITY OR TOWN OF DEATH  Mt. Wilson	11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital local USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
offe be executed within the part of the pa	13a adm	USUAL RESIDENCE (Where deceased insistan) STATE Md.	wed if institution Residence before 13c CTY OR TOWN 13d INSIDE CTY JUNITY 13e STREET AND NUMBER 13b COUNTY Carral. Westmusty YES NO Rt 7 Rend	273
be eye on and ce remo	14	FATHER'S NAME FIRST	Middle Lost - IS. MOTHER'S MAIDEN NAME First - Middle Davis Savina	Anderson
nitrate b		(es, nd, or unknown) { ves give wer or	FORCES?   16b SOCIAL SECURITY NO   17 INFORMANT Address	on St. Hosp
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remave cart should be filed with the State Dept of Health priar to burial, cremation, ar remaval, and in any event,	MEDICAL CERTIFICATION	PART 1 DEATH WAS CAUSED BY IMMEDIATE COMMITTEE CONDITION OF THE SIGNIF CANT CANT CANT CANT CANT CANT CANT CANT	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  A Provincial of lung with Representation was predmed 200. AUTOPSY?  200. If YES, WERE FINDINGS CONTRIBUTION FOR WHICH OPERATION WAS PREDMED 200. AUTOPSY?  21b T ME OF NIURY NO 221c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, lied HOUR AM. Month Day Year P.M.  19  21c HOW INJURY (AT HOME, FARM, SIREEL, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town cospital) attended the deceosed from 19 4, and that in Cotyl Court opinion death occurred on the date (we) (did dat) view the body after death.  DEGREE PHYS DIRECTOR PHYS 22c. ADDRESS  MOUNT WILSON MARY IS NAME OF CEMETER' OR CREMATORY 23d LOCATION (City or Town)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATEMENT OF THE STATEMENT O
VR AND (4)	24	STEWART SOCIETY 6/1	9/69 PLEASANT VALLEY CEM. Westmindler 250. RECO BY REGISTRAR 250 REGISTRAR'S SI	PAN 2 MD
45M - 1/69	1	7. 7. India	- Westmuder md - JUN 1 8 1969 Whole	1 Joedan



15.7	* *	DIMICION			PARTMENT OF I				
	07959	DIAIZION	OF VITAL RECORDS		E OF DEATH	IMORE, MAI	RYLAND 21201	0795	52
204E		ırst	Middle		Last	2a. DATE OF	DEATH	0.00	2b HOUR
orna deat	(Type or print) Robe	ert	S	Di Do	menico		June 22	/ 8 <sup>9</sup>	25 11000
铁道	3. SEX	4. RACE			ATE OF BIRTH	1	6 AGE (in years last birthday)	IF UNDER 1 YEAR	F JNDER 24 HRS.
2 5	Male		_White	0	et 1, 1931		last birthday) YRS.	MONTHS DAYS	HOURS MIN
2 pm	7o. BIRTHPLACE (State or foreign country)		WHAT COUNTRY?	8 MARRIED N	EVER MARRIED	9. COUNTY OF	DEATH		
22	country Plaryland	ੂ ਹ.5		WIDOWED	DiVORCED [		timore		M
with	Towson		NAME OF HOSPITAL OR IN Live street oddress) St Joseph	Hospital	L during m		(Kind of work dane life, even if retired)	126 KIND OF E INDUSTRY	BUSINESS OR
> % / ?	I3a USJA, RESIDENCE (Where de admission) STATE Maryland	13b. COUNT	hitution Residence before	Cockeys	WES		REET AND NUMBER Junco Cour	t	
in any	14 FATHER S NAME First	Middl		15. MO	THER'S MAIDEN NAME F		Middle		Last
/	Samuel		Di Dome		Mar	garet	M	Di Dir	nenico
	16a WAS DECEASED EVER IN U.S. Yes, no, or unknown)   (If yes	ARMED FORCES? give wer or dates of service	16b SOCIAL SECURITY				Address		
	No		213-28-96		Alice A Di	Domeni	CO	Same	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause pe JUSED BY:	r line far (a), (b) and (c)	Commen	man O	- 3		SETWEEN ON	AATE INTERVAL NSET AND DEATH
of Health prior to burial, cremation, or remaval,	1/100 IMM	IEDIATE CAUSE (a) _	Magazor 4	<u>Cownary</u>	accluseer	<u>v</u>			
ig i	Canditions, if any, which go		OR AS A CONSEQUENCE OF	•					
E	rise to Immediate couse ( stating the underlying cou	a), ( (b)	OR AS A CONSEQUENCE OF			<u> </u>			
; =	lost.	(c) _							
	PART 2. OTHER SIGNIFICANT		IBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR C	ONDIT ON GIVEN	I IN PART 1(a)		
5	2								
Y	19a. DATE OF OPERATION 1	195 CONDITION FOR	WHICH OPERATION WAS PE	RFORMED 2	20a. AUTOPSY?		YES, WERE FINDINGS (	ONSIDERED IN CEI	RTIFYING
$\wedge$	210. ACCIDENT WAS UNDER	IVING TOTAL	OF INJURY	21. HOW I	YES NO				
		DEATH HOUR A.	M. Month Day Year		IJURY OCCURRED (Enter	nature of injur	y in Part 1 or Part 2, 1	Item 18.)	
	G CAUSE OF CHIEF CAUSE OF CHIEF CHIEF CAUSE OF CHIEF CHIEF CAUSE OF CHIEF CAUSE OF C		M. 1  RY (AT HOME, FARM, STREET FA DEFICE BUILDING, ETC.		IN Street or P.E.D. No.	City	ar Tawn	Caunty	Stote
	While Not while at work		OFFICE BUILDING, ETC.	7 211. 200111	or since or kind no.	City	or rown	cuonty	21016
ı	22a. I certify that (I) saw the deceased	(this hospital) o	attended the deceas	ed from July	29 Lh, 19 6	10_1	ines 22 . 19	69 that	(I) (we) las
	causes stated ab	d alive an <u>114</u> ave, (1) (we) (di	ay 24 th	9 <i>59_, V</i> nd t <b>if</b> l bady after deatl	at in (my) (aur) apid h.	nian death a	ccurred on the da	te and havr a	ind fram the
all lime a	22b SIGNATURE	wy Im	Cable	DEGREE	ATTENDING MPHYS	IED IRECTOR	STAFF PHYS 22c	DATE SIGNED	
shauld be filed v	22d. PHYSICIAN'S NAME (Type) Her	ry L Mc	Corkle M. D	•	22e ADDRESS Jacksonv	ville	Maryland		
שפר	230 BURIAL, CREMATION, 23	3b DATE		CEMETERY OR CREM			N (City or Town)	(County)	(State)
1 0	REMOVAT (Sperity)	6/25/69		ly Redeem			more, Mar		
K	24 FUNERAL DIRECTOR	T	ADDRESS		2Sa, REGID B	REGISTRAP 6	9 250 POOLBAR'S	ELGNA (TRE	~
1881	Leonard J Ruck	Inc. B	althiore. M	ary Land	DATE	IVW		-// 0	



	1 11		-			E DEPARTMENT OF		
4-8-4			07960	DIVISION OF VITAL	RECORDS, 301 W.	PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
			116000		CERTIF	ICATE OF DEATH		07953
	÷ -24		CEASED NAME First	2	Middle	Last	20. DATE OF DEATH	2b. HOUR
	r death	(	ype or print) Edn	A Bel	"/	DIXAN	TUNE 2 Doy	1969 M
	き 有機)	3 5		4 RACE		S. DATE OF BIRTH	6 AGE (In years lost birthday)	SE UNDER 1 YEAR   IF UNDER 74 HRS.
	s after		remale	White		4-10-18	90 lost birthdoy) YRS	MONTHS DAYS HOURS MIN
4	hours in by trs. Por	7a.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUN	(HAINE)	ED NEVER MARRIED	9. COUNTY OF DEATH	
1	in 24 ho illed in popers. hin 72 h		" Ind.	U.S.A.	WIDOW		Baltimore	Md
		1 /	Ancle 11.5 town	give street, addi		At during i	UAL OCCUPAT ON (Kind of work dane most of working ife, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	ar be effect.		USUAL RESIDENCE (Where deced	sed lived, if institution: Resid		OR TOWN 134 INSIDE CITY	70230	/tospital
	ate be executed with crion and completely flease remove carbon and in any event, with	odm	issian) STATE Md.	136 COUNTY CATI	-8		NO Brown S	S+ -
	X DE S	14	ATHER S NAME First	Middle	DAY	15. MOTHER'S MAIDEN NAME		Last
	on on on on or		Wesley			10/1	A A-	Brown
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed with Page 4 may be retained by the haspital or ottending physicion.  S FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	100	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	war or dates of service) 22		MRS. Julia	Hallford Sy	Kesville, Md.
	h ce		18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	IN DV		D	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	deo1 trmit.		IMMED IMMED	ATE CAUSE (0) 12 7 57	TERAL	NEUMON	17	1 avan.
	the all	ı	Conditions, if any, which gave	DUE TO OR AS A CONS	EQUENCE OF LIDDEN	MILTIPLE	CNAS	JYRS.
	equires that the physicion. signed by the burial-transit p	ı	nse to immediate couse (a), stoting the underlying couse	DUE TO, OR AS A CONS		702111 50		10 100
	physicion physicion signed by bur.al-fro burnal, cre		east sast	() AS	C.V.D.			10 yks.
	Phy phy sign bur, bur,		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
,	r the een	8					And as the Higher Frontings	
`	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY?	206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONZIDEKED IN CEKILIAING
	AN: I or cate or u		21a. ACCIDENT WAS UNDERLY!		Day Year	HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2,	Item 18.)
	SICL/ Spito spito en f ed f	MEDICAL	(If either, natify medical exam	iner) P.M	19			
	PHY:	~	21d. INJURY OCCURRED 21e While Not while at wark at wark	PLACE OF INJURY (AT HOME,	LOING, ETC.	LOCATION Street at R.F.D. N	la. City ar Tawn	Caunty State
	NG A H		22a. I certify that (I) (t)	nis hasnital) attended t	he deceased from	7/2C, 19	68 ta 6-21 19	67, that (I) (we) last
	NDI NDI ND P ND P ND P ND P ND P ND P ND P ND P		22a. I certify that (I) (the saw the deceased in	ilive an G = Z	19 6.7	and that in (my) (aur) a	pinian death accurred an the da	
4	VITE To Project		226. SIGNATURE	e, (1) (we) (did) (did not	) view the bady att	er death.	22.	DATE SIGNED
	OR ATTENDING be retoined by the Sirver of a should be ded with the Stote		Za Xa V. T	out	· MD	EGREE PHYS	MED. STAFF DIRECTOR PHYS	-23-69.
	ro HOSPITAL Page 4 may l FUNERAL C director, pag should be fill		22d PHISICIAN'S NAME (Type) R. \	1. Hoixe	$\mathcal{T}_{\mathcal{K}}$ .	22e ADDRESS SV Ke.	sville Md.	
	IOSP pe 4 UNE ector	23p	BURIAL, CREMATION, 23b.	DATE 23			23d LOCATION (City or Town)	(County) (State)
	10 5 5 p. 10 J. 10	1	REMOVAL (Specify) 6	-24-69	Brander	chura Cometer	y surett a	und ma
	30M REV 148	24.	FUNERAL DIRECTOR	Haight .	JAPORESS Lykesville	DATE DATE	Y REGISTRAR 256 REGISTRARS	HCNATHE LARE
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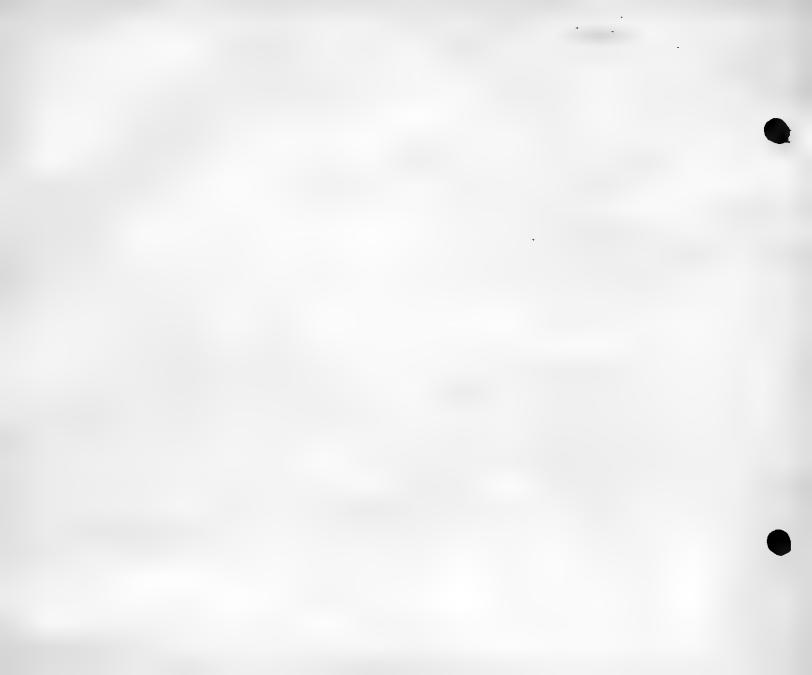


<u> </u>	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7954
HEALTH DEPT.	1. DECEASED NAME First M-ddle Lost 20 DATE KNOWN Month E (Type or Print) EDWARD RONALD DOBB OF ESTI- DEATH MATED June	
delay and 3 En	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours left birthday) 33 YRS White APRIL 1, 1936 33 YRS MONTHS DAYS HOURS MN MONTH June Day 8,	Yeor 19 69 4:50 P
form Protective Department	70 BIRTHPLACE (State or foreign   75 CHT.ZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   BALLIMORE   MD.   U.S.A.   WIDOWED   DIVORCED   Baltimore	Md.
haurs after death Item 18. Give Pages Office along with fan 1 and 2 with the State after death	BALTIMORE   give street oddress)   Park Drive APT 1   during most of working life even if refined )	2b KIND OF BUSINESS OR NDUSTRY  GOVERNMENT
irs after 18. Gi te alang 12 with r death	odm ssion) STATE Maryland 136 COUNT Baltimore YES NO X 17 Warren Par	
24 haurs in Item 11 r's Office es 1 and 2 rus after d	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  HENRY DOBB MARY	RODMAN
within 24 n pencil in Examiner's File pages	16b WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dofes of service) (If yes give wor or dofes of service)  218-32-6035  MRS. MARY DOBB. 3115 MARNAT ROAD	
cuted v ng" in dical Ex rmit. Fr within	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Gunshot wound of head	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This certificate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm 18 be used as a burial-transit permit. File pages I and 2 with the State Da or removal, and in any event within 72 haurs after death	Caridations, if any, which gove inse to immediate cause (a), stoting the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF	
ficate share ing the warded to the as a buria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate es certificate, writing this should be farwarded to files.  3 should be used as a bation, ar removal, and	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21o EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day Year  21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Iter	20. AUTOPSY?  (head-on
=	PRIMARY OR CONTRIBUTING 3:22 PM 6-8- 19 69 Self-inflicted gunshot wound of	head
EXAMINER:  ute the certi  ge 4 shauld  your files.  Page 3 shaul  , cremation,	21d INJURY OCCURRED   21e. PLACE OF INJURY (At name, form, street, factory, office bu ding, etc.)   17 Warren Park, Drive	Balto. M.D.
EXEC EXEC IT. Por I for IOR: Urial	22a. I certify that I took charge of the remains described above, held an Autapsy (X), Inspection , Inquiry , death resulted from. Natural causes , Accident , Suicide X, Homicide , Undetermined manner [	
plec of dring at Dila	ACTUAL SIGNATURE ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL EXAM	IGNED 9/69
necessary the funer 5 may be 70 FUNER Heafth p	NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, cty, town, or county)	
0 == ~ 0 =	BURIAL 6-10-69 HEBREW YOUNG MEN BALTIMORE, MARYLA	
VR A15ME (5)	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD  250. RECD BY REGISTRAR 250 REGISTRAR' 250 REGISTRA	GNATURE L. Viedge



	1	07962	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT ( 301 W. PRESTON STREET, E CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	07955 d. Examiner
	r death.	1. DECEASED-NAME First (Type or print) Daniel		last Dolan	June Manth 28 Day	1969 9:50PM
	是 五海	3. SEX Male	4. RACE White	S DATE OF BIRTH 8-27-97	6 AGE (In years last birthday)	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
•	E TO BE	70 BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
	Within 28	10, (ITY OR TOWN OF DEATH Towson	1	Hospital dun		12b. KIND OF BUSINESS OR INDUSTRY News & Sun
	requires that the death certificate be executed with a physician.  I signed by the attending physician and completely burial-transit permit. Then please remaye carban a burial, crematian, ar removal, and in any event, with	admission) STATMaryland	sed lived if astitution Residence before 135. COUNTY	Baltimore YES	NO ☐ 5001 Ivanhoe	Papers Avenue
	e exectand controller	14. FATHER'S NAME First	M. ddle Lost	15 MOTHER'S MAIDEN NA		Last
	ate be ician an lease re and in c	Dan i	MED FORCES? 166 SOCIAL SECURITY	NO 117 INFORMANT	Anne	<u> Panahan</u>
	ertificate be physician c sen please oval, and r	Yes, no, ar unknawn) (If yes give	war or dates of service) 214-01-2	519A Daniel J		ttings. Ave.
	quires that the death certifications by the attending phy signed by the attending phy burial-transit permit. Then burial, crematian, ar remova	1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), and (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death ces e attending p permit. The tian, ar remo	IMMEDI	ATE CAUSE (a) ACUTE FELT	tonitis		
	the at	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF Ruptured J	ntestinal Divert	iculitis	
	that an. by t rans crem	rise to immediate cause (a), stating the underlying cause	(0)			
2	equires that the physician. signed by the burial-transit burial, crematin	lost.	(4)			
,8	requestion signature of the contraction of the cont		NDITIONS <u>CONTRIBUTING</u> TO DEATH BUT N	UT RELATED TO THE TERMINAL DISEASI	E OR CONDITION GIVEN IN PART I(a)	
2	IAN: The law retal or attending ficate has been far use as the little all the little of the little or the little o	190. DATE OF OPERAT ON 196	CONDITION FOR WHICH OPERATION WAS PE	***************************************	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	YSICIAN: T laspital ar certificate f ched far us of af Health	21a ACCIDENT WAS UNDERLYI  OR CONTRIBUT NG CAUSE OF DEA	TH HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Part 2, 1t	em 18)
	PH le h	21d. INJURY OCCURRED 21e While Not while at work	. PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		D. No City or Town	Caunty State
		22a. I certify that (A) (the saw the deceased of	is hospital) attended the deceositive on June 28 1 e, (f) (we) (did) (dig(nat) view the	ed from June 28, 962, and that in (My) (our body after deoth	169 , to June 20 , 196 ) opinian death occurred on the dat	为 , that (外 (we) last te and hour ond from the
	2 > /	226 SIGNATURE	i Tunsalar	DEGREE PHYS	MED STAFF 22CD	ATE SIGNED
	SPITAI May IERAL ar, pa d be fi	22d PHYSiCIAN'S/ NAME (Type) Jaime	Punzalon, MD	22e. ADDRESS 7620 You	rk Road Towson, Ma	aryland 21204
	Page of Fundirect	23d BURIAL CREMATION 23b REMOVAL (Specify) 7		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		24. FUNERAL DIRECTOR	ADDRESS	thedral 250 RE	Baltimore CD BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
	45M - 1040	H.W.Jenkins &	Sons Co. 4905 Balto Md 2121	York Rd. DAIR	UL 1 1969 yellow	cas Jungan





	1/2	07964 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										14
	· \	L				ERTIFIC/	ATE OF I	DEATH			0795	1
	after death.	L	DECEASED NAME First (Type or print) THEK	LA UTE	Middle IMA N	DO	NOVAN	20	June	Month 15 Doy	69 <sup>Yeor</sup>	7:45M
	s after	3 9	Female	4 RACE White			2-10-			AGE (In years ast burthday) YRS.	TE JADER 1 YEAR	IF LHOER 24 HRS. HOURS M.N.
•	4 hour	70 (0)	BIRTHPLACE (State or foreign ontry) Texas	USA	NTRY?	B. MARRIED [	NEVER MARR DIVORC	ILU	ounty of DEA	TH		
	within 24 I	10	CITY OR TOWN OF DEATH	11 NAME OF H	HOSPITAL OR INST	THITION (If no	t in hoseita	120 USUAL OC	CJPATION (Kin	d of work done even if retired )	126 KIND OF E	USINESS OR
	ate be executed with flant and campletely f esse remove carban and in any event, will	130 od=	USUAL RESIDENCE (Where deceased nission) STATE Md.	lived, if institution, Resi 13b COUNTY	idence before	13c Cary OR 1	OWN II	AES MD	13e STREET	AND NUMBER  5 Beech	A VA	
	d co	14	FATHER S NAME Eirst	Middle	Last		-	DEN NAME First	1-2/-	M-ddie	2140.	Lost
	be ex		Frank		Jthman			Anna		Hodina	Wri	
	physiciate be	160	WAS DECEASED EVER IN U.S. ARMES		CIAL SECURITY NO		FORMANT D11ege	Manor	Recor	Address	\	<u></u>
7	quires that the death ce physician. Signed by the attending bunal-trans t permit Rh bur al, cremation, arrem		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED FIMMEDIATE Conditions, if any, which gave inse to immediate cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)	NSEQUENCE OF	PALC	THE TERMINAL I	DISEASE OR CONDI	TION GIVEN IN	PART I(0)		NTE WITERVAL
U	The law re attending has been see as the the priarta	CERTIFICATION		NDITION FOR WHICH OPER	RATION WAS PERF		20g AUTOPS	NO 🔣	CAUSES OF			RTIFYING
	aspital or certificate thed for use.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	) P.M.	n Day Year		V INJURY OCCU	RRED (Enter natu	ire of injury a	Part 1 or Part 2, its	em IB.)	
	5 PHYS the has this ce detache	æ	While Not while at work at work		FARM, STREET, FACTO UILDING, ETC.		190	or R.F.D. Na	City or To	( )	Couply	State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. of Heal		22a. I certify that (I) (this saw the deceased alive courses stated above, (22b signature)  22d. Prinsipal's NAME (Type) Dr. W1.	HELL	the deceased 19  Wyew the brown the brown the lfri	DEGREE	ATTENDING PHYS 22e ADDRE	MED DIRECTO	OR ST/	22c D/	TE SIGNED	(1) (we) last nd fram the
	TO HOSPITAL Page 4 may b TO FUNERAL D director, page shauld be file		BURIAL, CREMATION, 23b DA		3c NAME OF CE	METERY OR C	REMATORY	23d	LOCATION (CI	ity or Town)	alto.	(Stote)
	VR A15	24	FUNERAL DIRECTOR  W. Jenkins &		Druid ADDRESS 905 Yo	-	2	So REC D BY REG		2Sb REGISTRARS		Md.



£2_	14	1	<b>17965</b>	DIVISION OF VIT			TON STREET, BAL		ARYLAND 2120	1 024	
			CHARLES/JEROI	NE//JORDAN	Į CE	RTIFICA'	TE OF DEATH			073	958
,	de ath		ECEASED-NAME a/k/a First Type or print) a/k/a First JERON	Charles		I	lost ORMAN	20 DATE		Doy. 1989	26 HOUR 2:204
		3 5	ex MALE	4 RACE WHO	raie	5	JULY 20, 1	806	6. AGE (In years	IF JINDER I YEAR MONTHS DAYS	IE UNDER 24 HRS. HOURS MIN
_	by the	70		7b CITIZEN OF WHAT (					/	/RS	
	24 hc d in pers. 72 h	cou	MARYLAND	U.S.	A	WIDOWED 📋	NEVER MARRIED DIVORCED	9 COUNTY O	LTIMORE,		Md.
	within 24 ely filled bon pape within 72		CITY OR TOWN OF DEATH TOWSON	give Street		UTION (If not in	during r	WAL OCCUPATION OF NORTH	ON (Kind of work doing ife even if retire	one 12b KIND OF INDUSTRY Real	
	certificate be executed within the physican and completely fill the please femove carbon proval, and in apy, event, with	13o odm	USUAL RESIDENCE (Where deceose ission) STATE MARYLAND	136. COUNTY		CHY OR TO	WN 13d INS DE CITY	LIMITS? 13e	STREET AND NUMBER	WOOD AVE.	
	exe on the control of	14	FATHERS NAME First	Middle	Last	15 M	OTHER S MAIDEN NAME		Middie		Lost
	a ( 5 1 7		William	Dorman.			Mary The	orpe			
	S 8 2	160	WAS DECEASED EVER IN U.S. ARMI	fror dates of service)	SOCIAL SECURITY NO	17 INFO	RMANT		Address	s	
	phy:	-	No	21	5-10-56	86 1	<u>lospital</u>	Recor	ds		
	of the death of the offending nsit permit. I mation, or ren		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIA)  4 / 2 + Conditions, if only, which gove inselve to immediate cause (a), stoting the underlying cause.	BY (a) C) C) DUE TO, OR AS A (	EREBROVASC CONSEQUENCE OF RTERIOSCLE		THROMBOSIS CARDIOVASO			BÉTWEEN OF	MATE INTERVAL  NSET AND DEATH
3	sicial sicial ed b al-tr		lost.	(c)	-onsedocines of						
V1,	requires g physici n signed burial-l		PART 2 OTHER SIGNIFICANT COND		TO DEATH BUT NOT I	RELATED TO TH	E TERMINAL DISEASE OF	CONDITION GIV	VEN IN PART 1(o)		
1	: The low requires the rottending physician, e has been signed by use os the burial-trail of the prior to burial, cre	CERTIFICAT ON		ONDITION FOR WHICH O	PERATION WAS PERFO	RMED	20a AUTOPSY? YES NO 2	E 4115	IF YES, WERE FINDING ES OF DEATH?	GS CONSIDERED IN CE	RTIFYING
	7 5 5 6	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	er) HOUR A.M Mo	onth Doy Yeor		NJURY OCCURRED (Ent		july in Port 1 ar Port	1 2, Item 18)	
	PHY he hose his ce stock Dept.	W	While Not while at work of work				ION Street or R.F.D. N		ly or Town	County	State
	I. OR ATTENDING PHYSICIA!  y be retained by the hospital  DIRECTOR: After this certifica age 3 shauld be detached fai		22a. I certify that () (this saw the deceased all causes stated abave,	haspital) attende ve an June (N (we) (did) (d)	d the deceased 19 (M) view the bac	fromM 69 and th ly after dea	<b>v 15</b> , 19 at in ( <del>M)</del> ) (aur) ap th.	_69 ta <b>.T</b> pinian death	une 3., accurred an the	19 <u>69</u> , that date and haur o	(t)x(we) last and fram the
			226 SIGNATURE	10°2.		DEGREE		MED DIRECTOR	STAFF A	June 3, 1	969
	TO HOSPITAL OR Poge 4 may be i TO FUNERAL DIRE director, poge 3 Should be filed v			unawongsa,		· · · · · · · · · · · · · · · · · · ·	22e ADDRESS 7620 Yo			n, Md. #2	1204
	Poge direct	230	BURIAL, CREMATION, 236 D. REMOVAL (Specify) 6/	6/69	Parkwoo			1	ION (City or Town)	(County)	(Stote)
	VR A15 (4) 45M - 1 69	24.	FLIVERAL DIRECTOR - LANS	4.Son 88	ADDRESSA	Ford	Red DAJUN	BY REG STRAR	25b REG STRA	ARS SIGNATURE	





7	1		07967	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  07960									
4	. ~ .	-	DECEASED-NAME First		Midd e	21(11114)	Last	A DATE OF F	FATIL	0.1			
	funeral s 1 and 2 ter death.		(Type or print) FRANK	C F	ENRY	DRES	SSEL	2a. DATE OF C	41 1	3 Year	25. HOUR P		
	after he fur ges 1 after	3 5	EX	4. RACE		5	DATE OF BIRTH		6. AGE (In years last birthday)	F JNDER I YEA	R IF UNDER 24 HRS		
	the f		MALE	CAUCIS	AN		03-23-08		last birthday) 61 YR:	MCINTHS DA	YS HOURS M'N		
	- Can	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY OF D		,			
	d in d	cat	Baltimore	U.S.	Α.	WIDOWED [		BALTI	MORE CO		Md.		
_	in 2	10.	CITY OR TOWN OF DEATH	11 NAM	OF HOSPITAL OR INS	TiTUTION (If nat	ın haspițai 12a. USU.	AL OCCUPATION (	Kind of work don	e 125 KIND	OF BUSINESS OR		
	A Sept 1		TOWSON, MARYI	AND GRTI	OF HOSPITAL OR INS et address) R. BALTO.	MED . CI	TR. Plu	ast of warking li mber	fe, even if reticed Ba	rnes I	lumbing		
	die be executed within 24 hours after death coan and campletely filled in by the funeral lease remove carban papers. Pages 1 and and in any event, within 72 hours after death	13a adn	USUAL RESIDENCE (Where deceas hissian) STATE Md.	ed livød, if institution	. Residence befare	13c. CITY OR TO	OWN 13d ,NS DE CITY L	IM 159 13e STRE	et and number 231 Erd				
	ma co	14.	FATHER S NAME FIRST	M.ddle	Last		MOTHER'S MAIDEN NAME F		M ddle		Last		
(	of Afc		Henry	J.	Dressel			Mary		Gosst			
		160	Yes, na, ar unknawn) (1) yes give w	(a	b SOCIAL SECURITY N		ormant seph P.Dr	Ingan	Address	a borre			
	phy phy nen navo	-					Sepii r.DI	esser,	promer		OX MATE INTERVAL		
	th ching		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	N BM			TID TIME			BETWEE	EN ONSET AND DEATH		
	dea ten mit mit		. IMMEDIA	ITE CAUSE (a)	CUTE PUI	MONAR	Y EDEMA						
	the all		Canditians, if any, which gave )	DUE TO, OR AS I	CONSEQUENCE OF	TIDE	DITEMONTA DIT	DWDOLL					
	rat i		rise ta immediate cause (a), (	(-/	CONSEQUENCE OF	LUKE	PULMONA RY	EMPOTIT		-			
	requires that the death certifice 3 physician. I signed by the attending physic burial-transit permit. Then plot burial, crematian, ar remaval,		stating the <u>underlying cause</u>	$_{(t)}$ $\mathbf{A}\mathbf{R}^{t}$	ERIOSCI	EROTI	C CARDIO V	ASCULA	R DISEA	ASE			
	phy phy sign buri buri		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR	ONDITION GIVEN	IN PART 1(a)				
1	w ring ling sen the rto	N N											
M	ivisician: The law reconspiral ar attending precificate has been some for use as the bar, of Health priar to be.	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a AUTOPSY?	L'ALIECE (	ES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING		
1,9	世世 第三人	RTIF					YES NOX						
1/	AN:	AL CI	21 a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT		IJURY Manth Day Year	21c. HOW	INJURY OCCURRED (Ente	r nature of injury	in Part 1 ar Part :	2, Item 18.)			
·	Spit spit ertif ed ed of of	MEDICAL	(If either, natify medical examin	ier) P.M.	19								
	PH his the fetch of the fetch o	-	21d INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT	FICE BUILDING, ETC	DRY.) 21E. LOCA	TION Street or R.F.D. No.	City a	r Town	Caunty	State		
	ING by fl ter tate		22a. I certify that (I) (the saw the deceased al	s haspital) attend	ied the decease	d fram 5 -	26 , 19.6	9 , ta 6	-03	9 69 th	nat (I) (we) last		
	ed bed bed bed bed be she s	1	saw the deceased al	ive an 6-03-	109	?, and 1	that in (my) (aur) api	inian <mark>death</mark> ac	curred on the	date and ho	ur and fram the		
	TOR Tain H		causes stated above	, (1) (we) (a a ) (a	d nat) view the b	ady affer de	ath.		1 00	DAYE CIQUED			
	OR ATTENDING be retained by the JIRECTOR: After i e 3 should be de ed with the State	П	220 SIGNATURE	ulla	ulo. 1	1. DEGREE	ATTENDING A	AED DIRECTOR -		DATE SIGNED			
	y by		22d PHYSICIAN S	00 1	, C CZ /.	7 DEGREE	22e ADDRESS	IIKECIOK	PHIS CT				
	TO HOSPITAL Page 4 may b TO FUNERAL D director, page		NAME (Type) DR.	SEORGE P	IKLER		6701 N.	CHARLE	S STREE	T			
	FUN FUN Maul	230	8URIAL, CREMATION 23b. E		23c. NAME OF C	EMETERY OR CR	REMATORY	23d .OCATION		(Caunty)	(State)		
	5 5 5 5 V			7/69			mer Cem.		imore,				
	VR A1 (4)	24	Schimunek Fun	eral Home	ne, Inc.		25g RECD 8	Y REGISTRAR	25b REGISTRAS	S SIGNATURE	ege.		

MARYLAND STATE DEPARTMENT OF HEALTH



1	02000		301 W. PRESTON STREET, BALT		
	07968		CERTIFICATE OF DEATH	IMOKE, MAKILAND 21201	07961
	DECEASED NAME Firs		Lost	20. DATE OF DEATH	36 HOUR
L	(Type or print) FRED	ERICK	DUNCAN	6/ Month 28 Day	69 <sup>Yeor</sup> 11:25
3.	SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF LNDER I YEAR IF JNDER 24 HRS
L	Male	Cau	Jan, 22,1	199   last birthday) YRS.	MONTHS DAYS HOURS MIN.
7a ca	BIRTHPLACE (State-or foreign untry) Scot land	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
		Scotland	WIDOWED DIVORCED	Baltimore	Md.
10	TOWSON	11 NAME OF HOSPITAL OR IN Q ve street address) Greater Balt	o. Med. Center	OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR
13a adı	USUAL RESIDENCE (Where deceded state) STATE	sed fived, if institution Residence before	13c City, OR TOWN 13d INSIDE CTY LUTHERVILLE YES NO	The state of the s	AL AL
14	FATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME F	- 1400 DUI 10	n ne.
	David	Duncan	MARY Eller	h Dyer	Last
16	Yes, notor unknown) (1 yes give	MED FORCES? 16b SOCIAL SECURITY was an dates of service,	NO. 17 INFORMANT FRAME / 1/2	Address Address	
	18 CAUSE OF DEATH (Enter o	η γ ane cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18 CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a) Hypertensive arteriosclerotic heart disease				
П	F ₹ 2	DUE TO, OR AS A CONSEQUENCE OF			
П	Candit ons if any, which gave rise to immediate couse (a),	(b) With mul	tiple pulmonary emb	oli	
П	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	last.	(c)			
Н	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
TION.	19g. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	SOR SE VES WITH CHINNING CO	MCIDEDED IN CERTIFICATION
CERTIFICATION	THE DATE OF STERNINGS	CAME HOLISHIP IN THE PROPERTY OF THE PROPERTY	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
			75	nature of injury in Part 1 or Part 2, It	ZES
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Month Day Year		and the state of t	
MEC	While my Nat while my	PLACE OF INJURY ( AT HOME FARM, STREET, FA		City or Tawn	County State
	at wark at wark 22a. I certify that (I) (th	is haspital) attended the deceas	ed from 4/29 19 6	9. 10 6/28 19	69 , that (!) (we) last
	22a. I certify that (I) (this haspital) attended the deceased from 4/29, 19.69, to 6/28, 19.69, that (I) (we) last saw the deceased of one 6/28, 1969, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.				
	220. SIGNATURE 22 22 DATE SIGNED				
Н	Chale C. Son, 7 DEREE PHYS DIRECTOR DIRECTOR PHYS. E 6/28/69				
L	22d PHYSICIAN'S NAME (Type)  6.701 N G1 1 1 C1				
	Charles C. Brown, M.D. 6/01 N. Charles Street				
230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE 23c NAME OF STEEN	CEMETERY OR CREMATORY. CEM.	23d LOCATION (City or Town), Latherville,	(County) (State)
24	FUNERAL DIRECTOR	D FEWS	TO4, Md. 250 RECD BY		IGNATURE
1	mon Pun	ns of deand 610	12 york Papara UL	1 1969 Halan	-



					MENT OF HEALTH		
1	07969	DIVISION OF	VITAL RECORDS, 30° CER	I W. PRESTON ST RTIFICATE OF		IARYLAND 212	07962
1. NAME O	DECEASED				2. DATE AND HOUR	OF DEATH	150
P - 01 1	A	LICE DELOF	ES DUPREE	(Cain)	June 19,	1969	6 024 M
3. PLACE I	N BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD	4. USUAL RESI	B. COUNTY	d lived, il institu	lion: residence beore admiss an
FULL NAM	BALTIM BE OF BENOTIN	ORE COUNTY	ITION CIVE STREET	MARYL			
HOSP TAL	OR ADDRESS O	HOSPITAL OR INSTIT	DION, GIVE SIREET	C CITY OR TO		D INSIDE	CITY LIMITS?
				BALTI	MORE		s X NO
	1 == 0 ==			E STREET AND			
	4719 TI	ree Oaks	Road	4719	Three Oaks	Road	
. SEX	6- RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	TH 9. AGE (In	n years li	Under 1 Yr. of Under 24 Hrs.
Femal	(3	WIDOWED		9-9-19		·	onnia Baya Magra Ivina
	OCCUPATION (GIVE kir nast of warking life, even if		BUSINESS OR INDUST		(State or fareign country	) 1:	CITIZEN OF WHAT COUNTRY
Fact	ory		dix	Baltim	ore, Maryl	and	U.S.A.
3. FATHER	SNAME				MAIDEN NAME		U.D.A.
	Walter (	Cain, Jr.		Magn	Dalamba d		
5. Was Do	eased Ever in U. S. A		1 6. SOCIAL	May		ain	ADDRESS
Yes, na at ut	knawn) (II yes, give wa	r ar dates of service)	SECURITY NO.				ADD (C)3
No.					renzo Dupr	ee 471	9 Three Oaks F
No •			CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
· 1	ISEASE OR CONDITI				4 4. 0 1		
(This of heart finjury	LEADING TO I des not mean the m		(A) IMMEDIATE C	AUSE MILTERS	tatic Lautiu	wall of to	raci SNEEKS
hear) f	ulure, asthema, etc. It	means the disease,	DUE TO, OR A	S A CONSEQUENCE	CINOMA	of RILU	IK 6MOS
injury	or complication which		21 -	NY CHIN	CINCPINE	2	0.700
	ANTECEDENT (	•	(B) /U/E/A	STATIC	CARCINOM,	4 OF TLE	PA 4 MONTHS
	SES OR CONDITION  The obove cous		DUE TO, OR	AS A CONSEQUENC		-FUSION	
	LYING CONDITION		(c) 1R/1	ARY CAI	RCINOHA O	F LUNG	6 MOS
	- II		,				
OTHER !	IGNIFICANT CONDITIO	NS CONTRIBUTING					
-	DEATH BUT NOT RELATE		a deceased from	727 2	7 1964	10 6	114 1069
	ast saw the	•	The decedsed fram	1069			death accurred on the date
,	-					, <del>(2011</del> aprillar	death accorded on the date
		es stated above. (I	) <del>(******************</del> )	view the bady o	otter death.	1991	L DATE SIGNED
23A, \$10	NATURE	1. Lin 10 1	la Calain	Hending D	1ed. Staff [7]	231	6/20/10
14A	Olive 11"	Treven	DE COR P	tys Lab D	irector L Phys L		0/20/0/
23 C. PH	rsician's ME (Type)	/	A. X	23 D. ADDRESS	,,	. 7	n H
10	HN H. HiR	SCHFEL	S MID DEGRE	6919	HARFERS	s Kbl	SALTIMORE / 19
24A. BURIA REMO	CREMATION, 24B. C	ATE 24C. N	AME of CEMETERY or C		24D. LOCATION	(City, to	own, or county) (State)
	ial 6-2	23-69 M	t. Calvary	Cemeter	A.A.	Co., Ma	ryland
	REC'D BY HEALTH DE	T. 258. NAME C	t. Calvary	25C. FUNER.	AL DIRECTOR		ADDRESS
	JUL 2 19	69 Milane	by sourge.	MORT	ON & DYETT	F.H. 1	701 Laurens St
			7/1 //1				1 - 2 - 2 - 2 - 2



MAKTLAND STATE DEPAKTMENT OF HEALTH

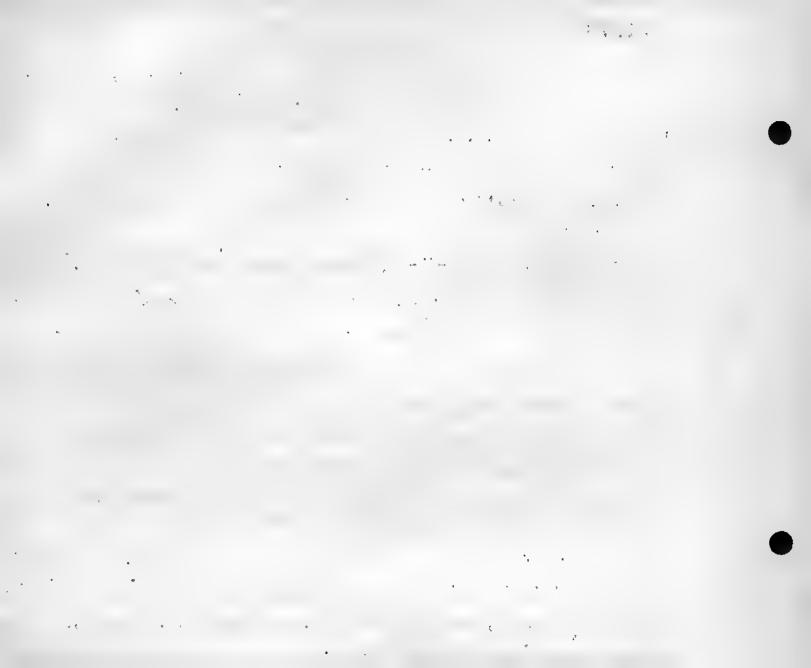
3, 200



B <u>-</u>	Į.				E DEPAKIMENT OF		
		07972	DIVISION OF VITAL RE			LTIMORE, MARYLAND 21201	07965
( N )	1		4		ICATE OF DEATH		01300
herol ond 2 death.		ECEASED-NAME First (ype or print)	M de	ile	Lost	2o. DATE OF DEATH  Month Do	2b. HOUR
	3. 5	ANTO	14. RACE	SONY	ENDERS	JUNE 27, 1	969 11:35P M
by wie fund Bogges ours after d	3. )				S DATE OF BIRTH	6 AGF (In years lost birthday)	IF UNDER YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN,
S S S S S S S S S S S S S S S S S S S	70	MALE  BIRTHPLACE (Stote or fore-gn	76 CITIZEN OF WHAT COUNTRY:	) Ip	2/4/90	9 COUNTY OF DEATH	
hair hair		MARYLAND		WIDOW!	D NEVER MARRIED DIVORCED		
run 24 fiiled pape pape thin 77	10	ITY OR TOWN OF DEATH	U.S.A.	TAL OR INSTITUTION (		SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
withir ban	L	FORT HOWARD	give street oddress	ADMIN. H	OSPITAL during	n most of work no life, even if retired) AR INSPECTOR	INDUSTRY RATLROAD
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SICE spitce entificientification	MEDICAL	(If either, notify medical examin	er) P.M.	19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hause-after. Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by we fur director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after	~	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING	STREET, FACTORY ) 21f.	LOCATION Street or R F.D	No City or Town	County State
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DSP! 4 r NNER ctor, old i						r. HOWARD, MD.	
TO HOSPITAL OR ATTEN Page 4 may be retained FO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	230	BUR AL CREMATION 235 [		AME OF CEMETERY OF LAWN CE	METERY	23d LOCATION (City or Town) BALTIMORE, BA	(County) (State)
VR ALSTO	24	FUNERAL DIRECTOR	3(	ADDRESS O MACE A'	ZSg. RECT	BY REGISTRAR 25b, REG.STRAR S	SIGNATURE
45M - 119 34		CONNELLY FUNERA	IL HOME B	ALTO, MD	MHL	1 1203 1	and the same



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07966 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH First 2b. HOUR 24 haurs after death. urstafter death. and (Type or print) Allen Ernst Ray June 1 7a 6. AGE (In years last birthdoy) IF JHDER I YEAR 4. RACE S. DATE OF BIRTH 3. SEX IF UNDER 24 HRS. Sept.4,1920 OAYS BOURS White Male 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED X NEVER MARRIED n 7440 physician and completely filled in en please remove carban adpers Michigan Bal timore U.S.A. WIDOWED I DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.)
Office Manager **INDUSTRY** Reisterstown Rd. and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE Mary Land Paltimore Reisterstown No 👽 310 Holly Hill 14. FATHERS NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost Snyder Martha George Ernst 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Holl #ddres[1] 17 INFORMANT Rd., Yes, no. or unknown) (If yes give war ar dates of service) burial, cremation, or remayal, B77-03-5078 Elaine Ernst Reisterstown. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE\_OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to b as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO S detached far use te Dept. af Health O FUNERAL DIRECTOR: After this certificate 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. State Dept. 2.d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Security saw the deceased alive an form of the same of the 1960 to Guerra saw the deceased alive an 1961, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF LOEGREE director, page 3 should be filed v 22e ADDRESS 22d PHYSICIAN'S C.E. McWilliams NAME (Type) 23d. LOCATION (Gify or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) / (Stote) 23h, DATE 23o. BURIAL, CREMATION REMOVAL (Specify) Wayne Co., Detroit, Michigan Glen Eden Mem. Park 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Owings Mills, Md. Milanelas Indak 30M REV. 1/68

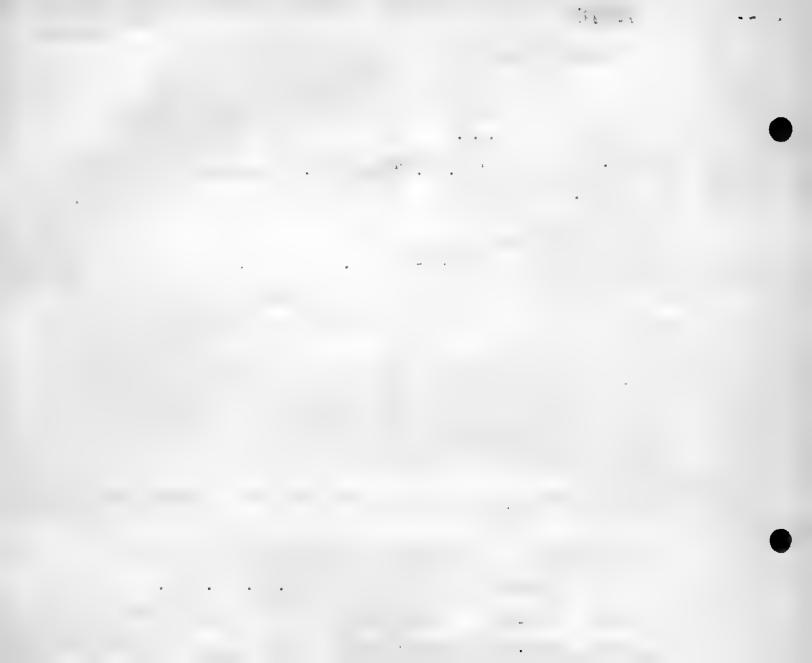




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	VR A15 (4)	24	FUNERAL DIRECTOR	ADDR	DOTAGIN DOAD	250 RECD BY REGISTR	ARCA 25by MGISTRAR 7	SIGNATURE
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-2-1/01	07976		ID STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN		
			CERTIFICATE OF DEATH	HORE, MARTEMED 21201	07969
	OFCEASED NAME TO STATE OF COMMENTS OF COMM	ec <b>e</b> lia nm. Middle	Fadem Lost	2a DATE OF DEATH  Manth Doy	19 Year S:45 M
rs offer 13	female .	4 RACE White	S. DATE OF BIRTH  JANUARY 1898	6. AGE (In years last barrage)	IF UNDER 1 YEAR F JINDER 24 HRS. MONTHS DIAYS HOURS MIN
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PCC)	19d DATE OF OPERATION 19b. CO	NOTION FOR WHICH OPERATION WAS PE	RFDRMED 20g. AUTOPSY?   YES NO   21c. HOW INJURY OCCURRED (Enter r	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	(If either, natify medical examines  21d. INJURY OCCURRED While Not while at wark  22g. I certify that (i) (his saw the deceased of)	ACE OF INJURY (AT HOME, EARM, STREET, FAI OFFICE BUILDING, FIC	ed from April 21 196	City or Town  1, to June 19, 19 on deoth occurred on the dat	Caunty State  (a), that (1) (we) last e and have and from the
1	22b. SIGNATURE	GORIO WEARFON	DEGREE PHYS DIR		Jen 19, 1969
Should be filed with the State Dept. of	3a. BURIAL CREMATION, 23b. DA REMOVAL (Specify) BURIAL 6-2		CEMETERY OR CREMATORY  R VEREIN	23d LOCATION (City or Town) ROSEDALE, MARYLA	(Caunty) (State)
14 S	A ENNERAL DIRECTOR	OS.,6010 REISTERS	250 REC D BY	REGISTRAR 2Sb. REGISTRAR'S 2	IGNATURE



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		07977	DIAIDION OF A			STON STREET, BAL TE OF DEATH		RYLAND 21201	079	970
· ~ ~ ~ ~		ECEASED-NAME First		Middle		lost	2o. DATE O	F DEATH		2b. HOUR
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eoth certific ending phys mt. Then p ar removal,		(es, no, or unknown) (If yes give w	or or roller or service)		Ja	mes E. Fani	non -JR	>		
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SICI Spit Spit Spit entif ed	MEDICAL	(If either, notify medical examin	er) PM	19						
bing Puysiciam: The low raby the hospitol or attending after this certificate has been be detached far use as the Stote Dept. of Health priar to	-	While Not while of work at work	PLACE OF INJURY (AT	HOME FARM, STREET, FAC FICE BUILDING, ETC.	10KY ) 21F LOCAT	ON Street or R.F.D. N	lo (ity	or Town	County	Stote
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PITAL OR may be RAL DIR		22d PHYSICIANS NAME (Type)				22e ADDRESS				
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HO HOU	230	BURIAL, CREMATION, 23b [ REMOVAL (Specify)		1	EMETERY OR CRE			ON (City or Town)	(County)	(Stote)
5 5 5 5 V	24	Burial	7/3/69		r Valley	Mem. Grds	-			id.
VR A15	24	FUNERAL DIRECTOR  Mitchell-Wiede	F-14 -6500	ADDRESS York Rd	21212	1 1 4 9 1 9	BY REGISTRAR	25b. PHENTRARS	SIGNATURE	AR.
45M - 1 1601		MFFGHOTT-WIAGE	Teta	J TOTK HO	a to Literal, for	DATEJUI	F 10	09		



	(	× 07978		CERTIFICATE OF	DEATH			079	71
		(EASED NAME First ype or print) Jol	nn T. Farrar	tso.		20 DATE OF	Month	Doy Year	26 HOUR 1,30 P.M
3	. SE	Ma <b>l</b> e	4. RACE White	5. DATE OF B	IRTH +/01		6 AGE (in years loss/bathday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7	o. B	IRTHPLACE (Stote or foreign try) Virginia	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED X NEVER MAR WIDOWED D VOI	RRIED 7	Relt:			
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L		FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle  Wm. E. Farrar Minnie Mallony							Lost
	Ye	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wi 111Known	nt me duton of consumer	09A Mrs. John	n T. Far	rrar,4	Address 627 Coler	nerene Ro	
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		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Conditions of the underlying couse lost.							
			DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE OR CO	NDITION G VE	N IN PART I(o)		
	CERTIFICATION	190. DATE OF OPERATION 196. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTO			YES, WERE FINDING OF DEATH?	GS CONSIDERED IN C	CERTIFYING
	₹	210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M Month Doy Year er) P.M	7		noture of Intu	ry in Port 1 or Port	2, Item 18)	
		of work gt work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC			,	or Town	County	State
		22a I certify that (I) (this sow the deceased all causes stated obove	ve on	ed from 4~25 9 <b>67</b> , and that in (m bady after death.	y) (dur) opini	Z_, to ion death (	6-9, accurred on the	19 <u>49</u> , tho date ond hour	t (I) (vvc) last and from the
		22b S GNATURE  22b S GNATURE  22cd PHYSICIAN'S NAME (Type)  Dr. [	Caginal M. D	DEGREE PHYS  22e ADD	DIR	D ECTOR D	STAFF PHYS	2c date s gned 5-10-69	
2	30	BURIAL, CREMATION, 23b D	DATE 23c NAME OF	CEMETERY OR CREMATORY		23d LOCATIO	ore, Mar	((Ounty)	(Stote)
2	4	unera director 4101 Ed			2So REC'D BY	REGISTRAR	0.503	ARS SIPMATURE	Mar



1	1	07979	DIVISION OF V	MAKTLAN 2020) PALI				HALIM MORE, MARYLAND	21201		
'	It	em23 FilmG414 7			ERTIFIC			MORE, MARI DAILD	21201	079	72
deoth.		ECEASED NAME First Type or print) Edward	ırd	Middle Rooseve		Faulce		2a. DATE OF DEATH June Month	20 Do Y	1909	2b. HOUR
ē 7 7 8	3. 5	EX	4. RACE			S. DATE OF BII		6 AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HPS
2 2 3	L	Male	Color			11/2	-	iast birtl	YRS.	MONTHS DAYS	HOURS MIN
i 7. i.	/o (Qu	nfry)	b. CITIZEN OF WHAT		8 MARRIED [		KILO N	COUNTY OF DEATH			
in 24/h	10	North Carolina	U.S.A		WIDOWED [		CED TO USUAL		TIMOF		Md
withi Son with	12.	CITY OR TOWN OF DEATH FORT Howard  USUAL RESIDENCE (Where deceosed sisten) STATE  Maryland	veter	eet oddress) ans Admin	istrat	Lon Ho	during mos	t af warking life, even i Carpenter	f retired.)	126 KIND OF INDUSTRY Constr	uction
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with Page 4 may be retained by the hospital or ottending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely if director, page 3 should be detached far use as the burial-tronsit permit. Then please remove corban should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in any ment, with	130 ladir	ssian) STATE Maryland	13b COUNTY	Residence before	Balti	nore	YES NO [	13e STREET AND N	UMBER Balto	St.	
	14	FATHER S NAME FIRST	Middle	Lost	15		IDEN NAME Firs	st	Middle		Lost
e be	160	WAS DECEASED EVER IN U.S. ARME		aulcon 66. SOCIAL SECURITY N	10 117 111		attie			now	
requires that the death certificate be physician. I signed by the ottending physicion of burial-tronsit permit. Then please reburial, cremation, or removal, and in		es, na, ar unknawn) (f ves give wor	or dates of service)	18 07 924		FORMANT HOSP I	TAL, FO	RT HOWARD.	Address MARYI	AND	
ng p		18. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	one couse per line							APPROXIA	KATE INTERVAL VSET AND DEATH
seatl rendi		PART I DEATH WAS CAUSED	CAUSE (o)	SQUAMOUS	CELL C.	ARC INO	IA OF O	ROPHARYNX			
the off		Conditions, if ony, which gove	DUE TO, OR AS	A CONSEQUENCE OF							
hot th n. y the onsit p		rise to immediate couse (o), (	(b)	A CONSEQUENCE OF			-				
quires the physician. signed by burial-tron burial-tron		stoting the underlying couse	(c)								*
phy sign buring		PART 2 OTHER SIGNIFICANT COND		IG TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DiSEASE OR CO	NDITION GIVEN IN PART 1	(o)		
low randing been s the ior to	ĕ.	PULMONARY EM									
The low re ottending has been se as the th prior to the control of	CERTIFICATION	190 DATE OF OPERATION 196 CO	INDITION FOR WHICH	OPERATION WAS PER	RFORMED	200 AUTOF		206 IF YES, WERE CAUSES OF DEATHS	FINDINGS C	ONSIDERED IN CE	RTIFYING
or o or o or o or o or o		21a. ACCIDENT WAS UNDERLYING		JURÝ	21c. HO	1	-	noture of injury in Part 1		Item 18.)	
YSICIAN: 1 ospital or certificate hed far us	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) P.M.	Manth Day Year 19							
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate pa 3 should be detached far used with the Stote Dept. of Heoli	2	While Nat while at work		HOME, FARM, STREET, FACT FICE BUILDING, ETC.	1			City or Town	110	County	State
by 1 by 1 offer be o		22o. I certify that (1) (this sow the deceased only	hospitol) atten	ded the decease	d from	4/21/0	59 , 19	, to 6/20/	<del>69</del> , 19	, thof	(i) (we) lost
TENI Ined Rr. A puld the		causes stoted obave,	re an(did) (did)	id not) view the b	ady ofter de	thot in <del> (my</del> oth.	() (our) apini	ion death occurred o	on the do	te and hour o	ind from the
reformation with with the state of the state		22b. SiGNATURE	1		0	ATTENDING	G - MED	C STAFE	22c. t	ATE AIGNED 69	
born born born born born born born born		201 202 (1911)	alles	tine	DEGRE	PHYS.	DIRI	ECTOR STAFF		0/20/09	
TO HOSPITAL OR ATTENDING Poge 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, poge 3 should be 6 should be filed with the Stot		22d. PriziciAN S MAME (Type) JOHD.	D. TALB	ert, m. d	,	22e ADDR	VAH FOR	T HOWARD, M	IARYLA	ND	
HO Signature Fun Fun Foul	23a	BURIAL CREMATION, 23b DA	TE COLO	23c NAME OF C				23d LOCATION (City or I	own)	(County)	(State)
2 2 2		FUNERAL DIRECTOR	24/1969	BALTIM			25a. PSC'D RV		EGISTRAR S	PIARYLAN	ID .
VII A15 V	1	(A)	ST	ETSON WIT	SON FU	NERAL II	CHEJUN	2 5 1969		rlas Imo	4

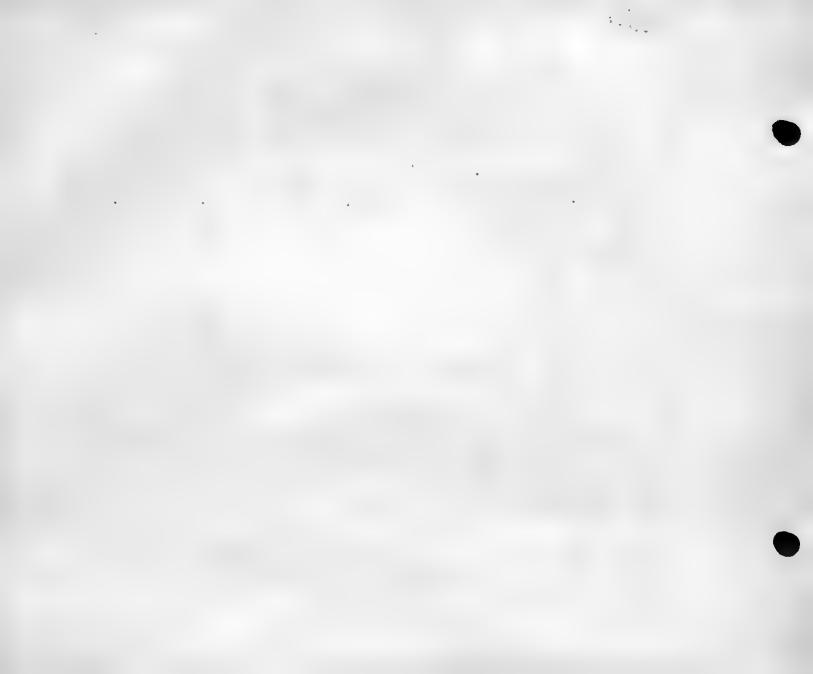


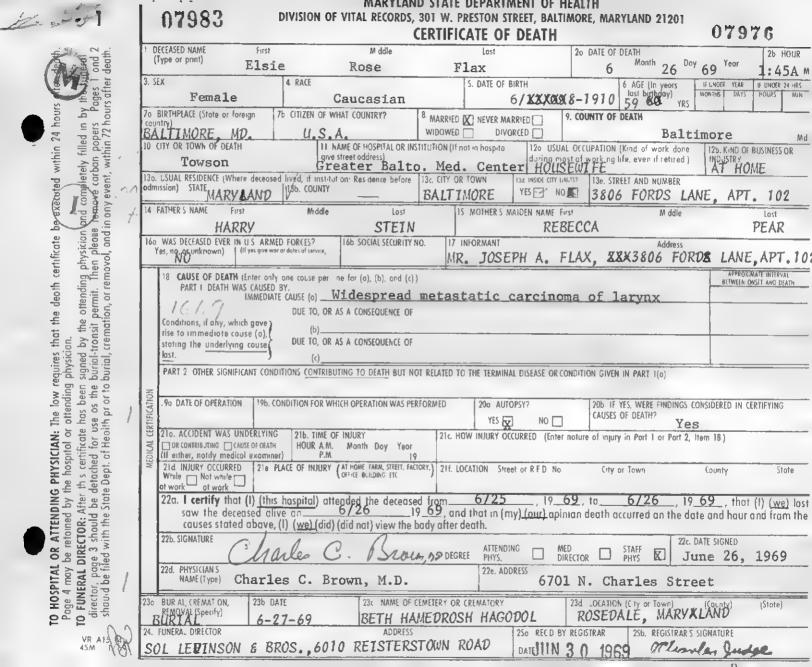
1	07980	DIVISION OF VITAL RECORDS	ND STATE DEPARTMENT OF HEAL , 301 W. PRESTON STREET, BALTIMOS		07973
~ .	. DECEASED NAME First		CERTIFICATE OF DEATH	A	<u> </u>
death cond death	(Type or print) WILI		FISHER G	DATE OF DEATH  Month Day  Control Day	69 <sup>eor</sup> 12:30
1/495	SEX MALE	4 RACE WHITE	S. DATE OF BIRTH 12/16/12		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS M.N.
within 24 hour. ely filled in Vy ban papers. within 72 haur.	o. BIRTHPLACE (Store or foreign country) LAND	76. CITIZEN OF WHAT COUNTRY? U.S.A.		UNITY OF DEATH BALT INORE	
ely with with	FORT HOWARD	give street oddress)	IOSPITAL du PRESS	UPATION (Kind of work done working life eyen if retired )	126 KIND OF BUSINESS OR INDUSTRY TING
completion of the control of the con	30 USUAL RESIDENCE (Where deceded driversion) STATE PLARYLANT	sed .ved, if institution. Residence before	BALTIMORE 138 INSIDE CITY LIM TS?	13e STREET AND NUMBER 112 S. Washing	ton St.
se remave	4 FATHER S NAME First WILLIA	Middle Lost M H. FISHER	R, SR. 15 MOTHER'S MAIDEN NAME FIRST	Middle	LOWRY 10st
physician of the please avail, and it	60. WAS DECEASED EVER IN U.S. AR Yes, no. of unknown) (11 yes paye)		NO 17 INFORMANT 7 99 CLIN.REC. VAH, FT	HOWARD, Address MARYLA	ND
unenumg permit. The	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	, MASSIVE	ER, NECK	RECENT & OLD
burial, cremat	stoting the underlying couse lost.	(*)	BSENCE LARYNX, THYROII OT RELATED TO THE TERMINAL DISEASE OR CONDIT		H NODES, OLD
cernicale has been signed by hed far use as the burial-transt af Health prior to burial, creviol.	BRONCHOPNEUM	IONIA, RECENT			
Ifh prio		CONDITION FOR WHICH OPERATION WAS PI	YES 🛣 NO 🗀	CAUSES OF DEATHS	
af Hea	OR CONTRIBUTING CAUSE OF OFA	HOUR A.M. Month Day Year ner) PM. 1	9	e of injury in Part 1 or Port 2, Iter	m IB.)
derache e Dept.	While Not while at work of work		CTORY ) 21f LOCATION Street of R.F.D. No	City or Town	County State
the Stat	22a I certify that XPK (the saw the deceased a couses stoted obove	is hospital) attended the deceas live an 6/26/69 e, (I): (we) (did) (did)(ot) view the	ed from 1/20, 1909.  19 , and that in (AP) (aur) apinian body after death.	ta_0/20/09, 19 death occurred an the date	, thote() (we) last ond have and from the
ed with	226 SEGNATURE	Alto Tond Du	DEGREE ATTENDING MED.	R STAFF 22c DAT	ze signed 26/69
IO FUNERAL DIRECTOR: director, page 3 should should be filed with the		GE C. MCELFATRICK,	22a ADDDESS	HOWARD, MARYLA	ND
16 11/	BURTAL (REMATION, 23b	30/69 BALTI	HORE CEMETERY	BALTIMORE, MARY	
VR A15 (1)	4 FUNERAL DIRECTOR	COOK-ZANNING	FUNERAL HOLES RECD BY REGI	1969 Yulian	NATURE STATE

M	17981 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07974								
HEALTH DEPT.	1 DECEASED-NAME 7 First , Middle Lost 2g DATE KNOWN Fot Month Day Year 12h HE								
. 2 2 2 6 N	(Type or Print) / Conque Sotth FISHpaugh DEATH MATED   Sune 2 1969								
deloy is and 3 to	3. SEX 1 Level 4 RACE S DATE OF BIRTH 6 AGE (1 years I FUNDER 1 YEAR IF UNDER 24 HRS. 22 DATE PRONOUNCED DEAD 24 HC. 30 Men 1900 Pronounced Dead Months Days Hours M.M. Months Level Doy 2 Year 19 (A) 24								
es 1, 2, farm P	70 BIRTHPLACE (State or foreign 76. CFIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED COUNTY								
after deoth S. Give Poges blong with far with the Stote eepth.	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA. OCCUPATION (Kind of work done 12b KIND OF BUSINES)  BALTO-Cycal Par Kn'1/2 give street address 2 vers cen 21234 during most of working life, even fretired) INDLSTRY								
hours after deoth from 18. Give Pages 1, 2, Office along with farm P land 2 with the State Depaofter deoth.	130 LSLAL RESIDENCE (Where deceased I ved, if institution Residence before 13 CITY OR TOWN 13d INSIDECTIVE LIM 157 13e. STREET AND NUMBER admission) STATE Mile 130 COUNTY Scales: BACTO-Beauty YES NO 15 7-11 2 very seen 2/23 4								
24 hours in Item 18 r's Office as Land 2 vrs offer d	14 FATHERS NAME First GEORGE W. White, IS. MOTHER'S MAIDEN NAME Eigst Extelle. Fuller								
within 24 hours after deoth n pencl in Item 18. Give Pog Exominer's Office along with File pages I and 2 with the Ston 72 hours ofter death.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no yer unknown) (If yes give war ar dates of service) 215-05-1604 John Will Chin 7 is to prough,								
Medica Executed when the medical Executed within 7 in the medical Execution Figure 1 in the medical Execution 1 in the medical Ex	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.  MMEDIATE CAUSE (a)  Cauche Free And DEAT  Lun Cal								
be executed "pending" in liet Medica E nist permit F event within	Conditions, it only, which gove ) DUE TO, OR AS A CONSEQUENCE OF Me to care clear & On front								
hould word the Ch uriol-tro	rise to immediate couse (0).  storing the underlying couse   DUE TO, OR AS A CONSCIDENCE OF  Lost  Atten sclenta Cauloroscula Des undel,								
ate at the ad the and the and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
This certifications in the forwarded as forwarded or femoval, or f	19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF WJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of Joury in Part 1 or Part 2 Item 18.)								
The second secon	210 EXTERNAL CAUSE WAS 21b. TIME OF MUJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 2.d. Mujury OCCURRED 21e PLACE OF MURY /At home, form, street. 21f LOCATION Street or R.F.D. No. 6rty or Town County Sta								
(AMINER: te the certi- je 4 should faur files. age 3 shou cremation,	2.d INLURY OCCURRED 21e PLACE OF N.URY (At home, form, street, while at work and work at work at work at work and work a								
Cecut Cecut Pag For y NR: P	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin								
ICAL I	death resulted fram: Natural causes 📈, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲								
please I direct retains or to be	CHIEF MEDICAL EXAMINER								
YY. P	ACTUAL SIGNATURE								
DEPUTY DICAL E	EXAMINER'S  NAME (1/pe)  SOHN C. The Le  ADDRESS(Street, city, town, or county) 7527 Belance 22/2/2								
TO DEPUT necessory the funer 5 moy be 10 FUNER! Health	230 BUR AL CREMATION, 23b DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)								
F 7	Parkwood Cemetery Baltinore, I'd.								
A.Y	24 FUNERAL DIRECTOR ADDRESS. 250 REC'D BY PEGISTRAR 250 REC'D BY PEG								
VR ATSME (S)	Leonard J. qRuck, Inc. Balto. d. 21214 DATE JUN 2 1989 (Clarks)								



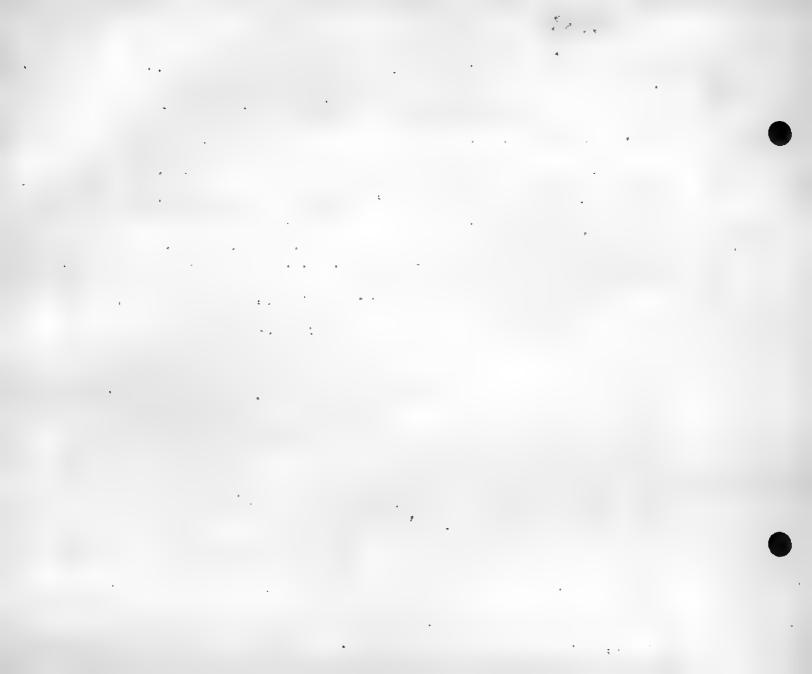
	MARYLAND STATE DEPARTMENT OF HEALTH  OPORO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	07982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Month Day Year 2b. HOUR (Type or Print) Victor Jessie Fitez DEATH MATED 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120 1/120
	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF JNOER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR.
my de l'. 2, and my Departmin	70. 8IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF DEATH
leath ny delay Pages 1, 2, and 3 with farm PM3 Pages State Department	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street, address)  12. USUAL OCCUPATION (Kind af work done 12b KIND OF BUSINESS OR during mast of working life, even if retired)  11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street, address)
24 hours after death in Item 18. Give Pages 1, or office along with farm es I and 2 with the State De ours after death	130 JSUAL RESIDENCE (Where deceosed ived, f institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY INMITS? 13e STREET AND NUMBER
Hours Hem It Office I and 2	Mt. Carmel Rd. 21120
within 24 pencil in xaminer's ile poges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   Maurice E. Fitez, Jr. Same as # 13
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMICDIATE CAUSE (a)  PACTURED NECESTRAND DEATH  APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
should be executed in ward "pending" in a the Chief Medical Eurial-transit permit. I in any event within	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
VER: This certificate strentificate, writing the hould be farwarded to les should be used as a bution, an remaval, and it	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)
VER: This certificate, writhould be farwalles shauld be used tison, an removed	210. TIME OF INJURY Month, Day, Year  210. TIME OF INJURY Month, Day, Year  210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  210. Find Town to 19 69  211. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  212. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  213. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  214. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  215. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  216. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  217. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  218. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  219. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  210. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  210. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)  210. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
the 4 sl vr file 3 emo	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, while at work
ICAL EXA execute far Page ed far ya CTOR: Pag buriat, cre	220. I certify that I taok charge of the remains described obove, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from Natural causes Accident , Suicide , Homicide , Undetermined monner
please al directory retain	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL OF CHIEF MEDICAL EXAMINER CONTROL OF
10 DEPUT necessary the funer 5 may be 10 FUNER/ Health p	NAME (Type) Charles F. O Donnell ( ) ADDRESS(Street, city, town, or county)
2	23d BLRIAL, CREMATION, REMOYAL (Specify)  BUT 13   June 13,1969   Mt. Carmel Cemetery   23d LOCATION (City or Town) (County) (State)  Baltimore Co., Maryland  24 FUNERAL DIRECTOR   25d REGISTRAR   25d REGIS
VR A15ME (5)	Wm. Cook-Brooks Towson, 1050 York Road  Towson, Maryland 21204







_	1 7	MARYLAND STATE DEPARTMENT OF HEALTH	
1	$\mathbf{I}$	07984 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	OWOWW
1 2 /		Iton#13c,e, FilmGhlh 7/7/69 GERTIFICATE OF DEATH	07977
leath.		ECEASED NAME First Middle Lost 20. DATE OF DEATH  Type as printly  Month 9 4 Day	19 year 7 2b. Hour.
within 24 hours after death lely filled in by the unexility bages. Pages and within 72 hays with	3. \$	S DATE OF BIRTH 10/3/1894 6. AGE (In yeors Loss birthday)	IF JNDER I YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS MIN
ST YOUR			
4 hours in b sers.	con	Intario, Canada U.S.A. WIDOWED DIVORCED Baltimor	e M
filler filler fithin	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hispartal 1120, 3) SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
ed with		Catonsville give street oddress) Shady Nook Nursing Home during most of working life, even (f retired.) Mechanical Eng.  USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN) 13e INSIDE CITY LIMITS? 13e STREET AND NUMBER	144/11/4/4/4/4/
campletely filled in cove carbon papers.	odn	ission) STATE Md 136. COUNTY Balto. Cathorfills YES NOW 1007/N//RSIX	ing/Road ?1201
	14.	FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First 3205 May And dec late Anna	lost
physician please naval, and in	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT S. Hamilton, Mass. Address	
hysi r pl val,	L	(es, na, ar unknawn) (11 yes give war or dotes of service) 274-10-1142 Mr. Wm.L. Flumerfelt, 59 Greenbr	
cer The The	Г	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPRÖXIMATE INVERVAL BETWEEN ONSET AND DEATH
eath Indir		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Tulmanary Lemoerhaco	5 hours
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ng pan si	=	Carone Bran Sur drome - General red (liter	LOSCOROSII
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the hard	EE	210. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, 1	tem 18)
# # # # **	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19	
5 PHYSICIAN: the haspital or this certificate detached far u	WE	21d INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town	County State
45 77 (1)	П	22a,   certify that (1) (this-hospital) attended the deceased from 1805, ta 6/24, 19	65, that (I) (we) la
OR ATTENDING be retained by the DIRECTOR: After age 3 should be died with the State		22a. I certify that (I) (this-hospital) attended the deceased from, 19a, 19a	te and haur and fram th
2 ≥	П	22b. SIGNATURE ATTENDING MED. STAFF 22c. E	DATE SIGNED
OR be be ge 3 ge 3 led	П	DEGREE PHYS LY DIRECTOR PHYS. LY	1-24/69
O HOSPITAL OR ATTENDING Page 4 may be retained by 1 O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		22d. PHYSICIANS NAME (Type) J. J. NOLAN 220-ADDRESS NAME (Type) J. J. NOLAN 213	25
HOS age 4 FUN irect	23a	BJRIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town)	(County) (State)
01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	lur	REMOVAL (Specify) 6/28/69 Union Cemetery, Columbus, Ohio FUNERAL DIRECTOR 250, RECTOR 250, RECTOR BY REGISTRAR 20 250, REGISTRAR 300	SIGNATURE
VR A <sup>†</sup> 5 [4] 30M REV. 1/68	14	FUNERAL DIRECTOR  Titzke, 4101 Edmondson Ave., Balto, Md.  DATE 1250 RECD BY REGISTRAR 250 PEGISTRAR'S DATE 1270 PAGE 1270 PAG	so Juaga



MAKTLAND STATE DEPARTMENT OF HEALTH 07985 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07978 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) MARGARET CATHERINE FIJIRY Month June 1969 3 SEX 4 RACE S. DATE OF BIRTH 6. AGF (In years (FighDER 1 YEAR last birthogy) White March 1 Female 1900 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Balto.,Md. U.S.A. Baltimore. WIDOWED PA DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Tot # 4, Dayside Rd. during most of working the even if retired) Hone Evergreen Park TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove Cache, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before | 3c. CITY OR TOWN 13d INS DE CITY EMITS? 13e. STREET AND NUMBER the deoth certificate be execute 13b COUNTY Baltimore vergreen PAJES NOK Lot # 4 Baydide Rd. 14 FATHER'S NAME Ferst Middle Lost IS. MOTHER'S MA DEN NAME First Lost David Haines Emma. Adams 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (It yes give war or dates at service) Andrew C. Flury 3423 Hudson St. Balto. 24 None 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) CARFBRAS THROM BOSIS-148.

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) CORONARY / HROAN BOSIS 1 110: DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave ) ARTERIOTESTROS rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse GREBRAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔼 YES 🖂 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2ic HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty White Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1-(--, 1961, to 6-(--, 1962), that (I) (we) last saw the deceased alive an 1962, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did) not) view the body after death. ATTENDING DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e. ADDRESS 1200 St. Paul St., Balto., 21202, Md. NAME (Type) AIBERT WILKERSON Sacred Heart Cemetery 7401 German Hill Rd., Ba.Co., 1 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE 6-20-69. 901 S. CHARling St. Balto., 21224, Id. 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S 5 GNATURE DATEUN 2 0 Musica ymongh 1969



Markon Sprance.		7	1	07986	DIVISION OF	VITAL RECORDS.	301 W. PRESTON	STREET, BALTIM	ALIT Örf. Maryla	ND 21201		
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	ed bed bed bed bed bed be S			220 I certify that (!) (this saw the deceased all	Ve on	6-3	9 <u>69</u> , and that in	(my) (our) opinio	n deoth occur	red on the dot	le ond hour a	nd from the
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	hours rrs Py 2 Hoor	70. cou	BIRTHPLACE (Stote or foreign nity)Maryland	7b. CITIZEN OF A		8. MARRIED [	NEVER MARRIED		NTY OF DEATH	rase		
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	physician.  physician. signed by the attending physician and camplets burial-transit permit. Then please remove carb burial, crematian, ar remayal, and in any event,		ission) STATE Marylan			Baltimo		V	4910 Harf		load	
	and rem	14. 1	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN		M	ddle		Lost
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	t the death certificate to the attending physician sit permit. Then please nation, ar remaval, and i	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	16b SOCIAL SECURITY		ORMANT			dress		
	A C D		(es, no_or unknown) (II yes give NO		215-01-1	632 Mr	Evelyn	Brown	8607 Mida	Ave		
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	pital or trifficat d far af He	MEDICAL (	OR CONTRIBUTING CAUSE OF OE	ATH HOUR A.M	A. Month Doy Yeor	9			rot injuly in Port 1 of	ron 2, itel	11 10.3	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, cre	M	21d INJURY OCCURRED 21e While Not while at work of work	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCA	ATION Street or	R.F.D No.	City or Town		County	State
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	O HOSPITAL OR ATTENI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b SIGNATURE	Gis	1 1 1 1 N	() - DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF X	22c DAI Jun	e 1, 1	969
	AL O		22d. PHYSICIAN'S	CUMA	igun 10	7	22e. ADDRESS					
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	ON A NO MILES	24	FUNERAL DIRECTOR Leonard J Ruc	k Ine. B	altimore,	Marylano	2So.	THE STATE OF	1969 PSB RES	HIRARS S	HATURE	ye.
	110						JA				1/	



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY m. STATE b. COUNTY after Baltimore Md -Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi Pag Towson Town on .... d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 503 Dogwood Lane 503 Dogwood Lame YES NO X within completely carbon NAME OF First Middle Last DATE Month Dav Year DECEASED G event. (Type or print) DEATH 196 be executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED [ last birthday) | Months | any Davs and Female White 3/11/1885 WIDOWED A 84 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) INDUSTRY COUNTRY? and Homema ker Harford Co. Md. 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph removal Rita George Wm. R. Phipps 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT the attent it permit. 16. SOCIAL SECURITY NO. Address 5 (Yes, no, or unknwn) | (If yes give war or dates of service) Mary P. Haynie 503 Dogwood Lane cremation. 216 03 9536 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crama ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FIBRAL ARTERIO SCLEROSIS 5 425 DUE TO SENERALIZED ARTERIOSCLEROSIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause tast. 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO V YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Ноит а.т. Not While fter 0.19 at work K D 19.55 to TINE 2 1969 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from A/O1 DIRECTOR: age 3 should led with the and that death occurred at 2 22 M. from the causes and on the date stated above. saw the deceased alive on JON 22a. SIGNATURE 22b. DATE SIGNED be page ATTENDING MED. DIRECTOR M.D. HOSPITAL TO FUNERAL PHYSICIAN'S **ADDRESS** 22¢. director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Druid Ridge Cemetery Fikesville Balto. Md. Burial ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. Whomas Judge Mitchell Wiedefeld Home 6500 York Rd. VR A15 (4) 20M 1/65



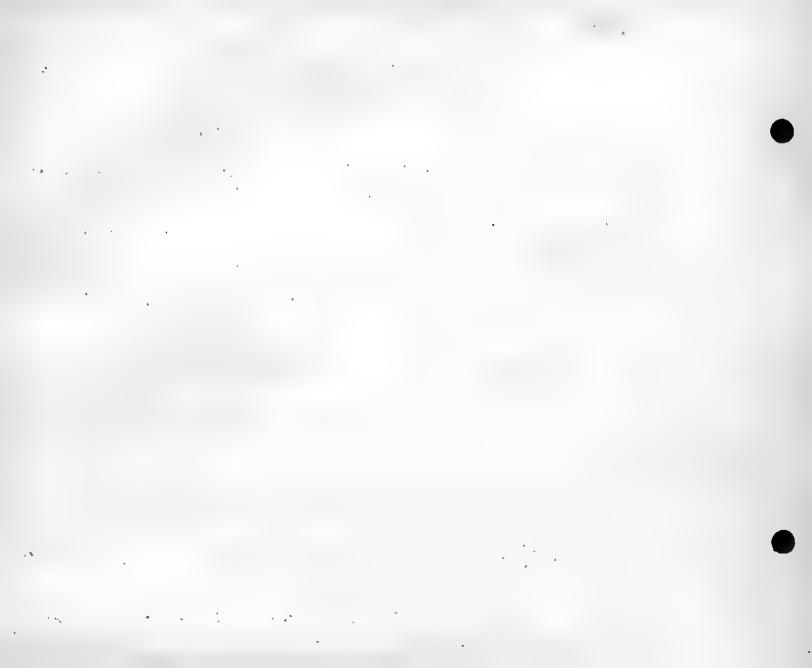
	1		1	07989 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	•		1	teml3 FilmG413 6/23/69 kk CERTIFICATE OF DEATH	07982
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			3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (In years 1)	UNDER YEAR IF UNDER 24 HRS INTHS DAYS HOURS MEN
	24 hours of 72 haur		70 cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE	
	with n 24 thy filled ban page w thin 7		10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUT. ON (If not in hospital loc USUAL OCCUPATION (Kind of work done during most of working life, even fretred,)	12b KIND OF BUSINESS OR INDUSTRY
	ecuted with campletely ave carban y event, w t		13o adm	USDA. RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d MSDE CITY . M 157 13a STREET AND NUMBER 19 (SS) STATE M & 13b (SUNTY) APPAINABLE Baltimore 9 (SS) NO CIABANNE NUTLES	N.Schroeder
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	physicate by physicate by physicate becase an alease aval, and		16a Y	WAS DECLASED EVER IN U.S. ARMED FORCES? (es, no, disprison on 1 (If yes give wor or dates at service)  NONE  OLD  CHART	7.7571611
_	that the death se in. by the attending ansit permit. The			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave Inset a immediate cause (a), stating the underlying cause  (b) Ly perleusive arterior clerotic cause or consequence of the underlying cause  (c)	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH  Years
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	PHYSICIAN: e haspital ar his certificate stached far ur		MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b T.ME OF INJURY  OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Day Year (If either, notify medical examiner)  21b T.ME OF INJURY  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	n 18)
	G PHY:			at work of wark	County State
	ATTENDING stained by th CTOR: After t should be de ith the State			22a <b>I certify</b> that (I) (this hospital) attended the deceased fram 8-5, 1966, to 6-20, 1966 saw the deceased alive an 6-2, and that in (my) (aur) apinian death accurred on the date causes stoted abave, (I) (we) (did) (did not) view the bady after death.	/ , that (+) (we) lost ond hour and fram the
	OR ATTENI be retained DIRECTOR: A pe 3 shauld ed with the	and the same			E SIGNED
	TO HOSPITAL OR ATTENPOSE 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the			22d PHYSICIAN'S NAME (Type) JUAN A. BEREZ-BA/bon Spring grove Stale A	dut
•	Poge TO FUI direct	^	L	REMOVALISPENTY 6/14/69 St. Luke Cemetery Sykesville,	County) (State)
	VR AIS Y	18. A.	24 Le	FUNERAL DIRECTOR  WIS T GWYNN 4517 Park Heights Aug 18 13 1969 256 REGISTRAR STEE	NATURE OF STREET

BLADVIAND CTATE DEDIBTRACKIT DE INCALTIN

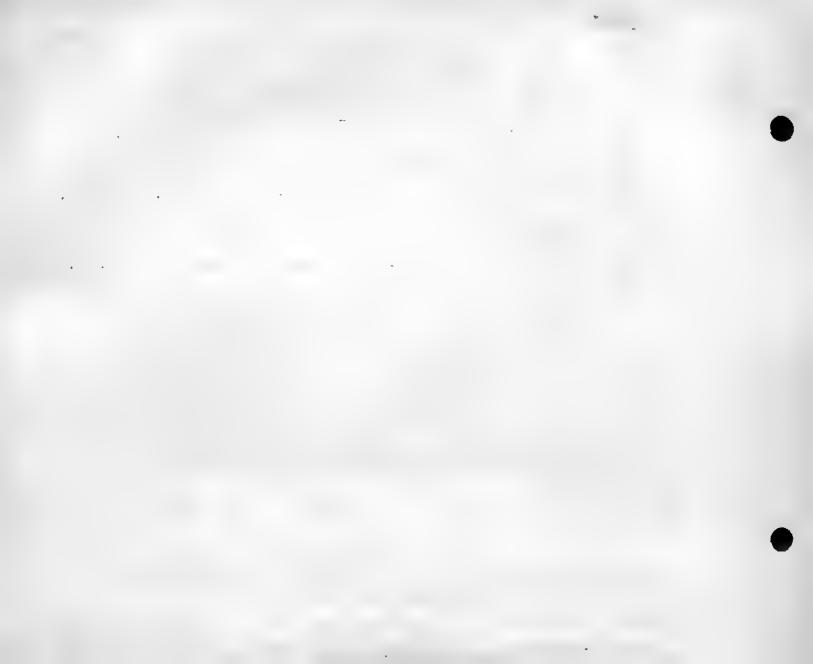


	1		07990	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET CERTIFICATE OF DE	T, BALTIMORE, MARYLAND 2120 EATH	07983
	death. Peral Sand 2 death		ECEASED-NAME Fi	rst Middle	TRICK (FURDO	20. DATE OF DEATH	Day 19 Year 11:4579M
	24 haurs after ad in y the to pers. Page 1	3 5	EX /=	4 RACE W	S. DATE OF BIRTH	11, 18 97 6 AGE (In years last birthday)	S IF UNDER LYEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
	24 haur d in yy pers. 72 hau	ton	BIRTHPLACE (State or foreign ntry)  MASS,	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORI	Mg.
	를 즐겁	L	CITY OR TOWN OF DEATH  STEVENSON	give street address)	3 JULIE INF.	12a USUAL OCCUPATION (Kind of work of during most of working ife, even if retir	ed.) INDUSTRY  FELIGIOUS
	rrificate be executed within physician and campletely fille en please remave carban pc aval, and in any event, within	adm	issian) STATE MD.	eased lived, if institution Residence before	STEVENSON YES	BESIDE CITY UMITS? S NO	KOND.
			FATHER S NAME First PATRIC	•		IARY ELLEN	501771
\	physicic en plea aval, ar		No -	tive war or dates of service) 577-68-	1489 Sete 13	Server Marie - Va	ElaJulie
	nt the death ce the attending sit permit. The matian, ar remi		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME Canditions, if any, which gav rise to immediate cause (a stating the underlying caus	DUE TO, OR AS A CONSEQUENCE O	nonations		BETWEEN ONSE AND DEATH  12 St. Cl. S.
1990	The law requires the aftending physician. has been signed by se as the burial-trarth priar ta burial, cre	TON	PART 2 OTHER SIGNIFICANT	(c)			INGS CONSIDERED IN CERTIFYING
	AN: The law not attending cate has been for use as the Health priar ta	CERTIFICATION	21a. ACCIDENT WAS UNDERL		YES _	NO CAUSES OF DEATH?	
	三年 生工工	MEDICAL C	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. Month Day Year	19	ED (Enter nature of injury in Part 1 or Po	
	G PHYSIC the haspi r this certi detached te Dept. a		While Nat while at work		FACTORY.) 21f. LOCATION Street or		Caunty State
	TENDING ined by OR: After auld be the Stat		22a. I <b>certity</b> that (I) ( sow the deceased causes stated abo	(this haspital) attended the decea olive onover, (1) (we) (bid) (did nat) view the	sed fram	our) apinian death occurred on th	, 19 <u>69</u> , that (1) (we) last ie dote and haur and fram the
	AL OR AT y be reta L DIRECTO		22b. SIGNATURE  JCVCC  22d. PHYSICIAN'S	UHBurns 1	O- DEGREE PHYS  22e, ADDRESS	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 6-9-1969.
	IOSPITA JUNERA Ector, p	23e	NAME (Type)  BUR AL CREMATION 23	tb, DATE 23c NAME O	OF CEMETERY OR CREMATORY	23d. ŁQCATION (City or Town)	(Caunty) (State)
	VR A15		REMOVAL (Specify) FUNERAL DIRECTOR	6-10-69 Trens		1860 BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
•	retained retained ECTOR: 3 shault with the		22b. SIGNATURE  22cl. PHYSICIAN'S NAME (Type)  BUR AL CREMATION REMOVAL (Specify)  23	ove, (1) (we) (Ud) (did nat) view the Child Hours A	D- DEGREE ATTENDING PHYS  22e. ADDRESS  OF CEMETERY OR CREMATORY  Type Communication C	MED. STAFF DIRECTOR DIRECTOR PHYS. D	22c. DATE SIGNED  6 - 9 - 1969.  (County) (State)

MAKTLAND STATE DEPARTMENT OF HEALTH



1	1		07991	DIVISION OF	VITAL RECORDS,	301 W. PI				YLAND 2120	)1	079	84
	death.		ECEASED NAME First Type or print) 3 6	Nic	Middle Colas	Gall	ia.	20	June	DEATH Month	Day	14 Year 1	2. (1011)
		3 5	M	4. RACE	W		5. DATE OF BIRT 3-11-1	н .887		6 AGF ( n years 8s2birthday)	YRS	ONTHS OAYS	IF UNDER 24 HRS HOURS MIN
	within 24 hours in filled in Even papers. Farming 72 hours	7a cqu	BIRTHPLACE (State or foreign niry) Greece	7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED ( WIDOWED (	NEVER MARRI DIVORCE	10	Bal	DEATH timore (	Go.		Md.
	within 24 hour rely filled in Education papers.		CITY OR TOWN OF DEATH  Towson	give		la Mar	is	20 USUAL OC	CUPAT ON Working I	(Kind of work d ife, even if retir	one ed.)	126, KIND OF INDUSTRY	BUSINESS OR
	ormpte ve col	13o. odn	USUAL RESIDENCE (Where decease irssian) STATE Md.	13b COUNTY	on Residence before  Baltimore(	1		INSIDE ATTY LIMITS?	13e SIR	EET AND NUMBE 09 E. H	R Offr	man St	•
	ond reminon)	14.	FATHER S NAME First	Middle	Lost	15	MOTHER'S MAIL			M dd	6		Last
	ian (	160	. WAS DECEASED EVER IN U.S. ARM	as Galli	a. 166 SOCIAL SECURITY N	10 (17 0	NFORMANT	Ange	elina	Gesway			
	ertificate be physican o sen please ovol, and ir			ir or dates of service)	1219-107			a Maris	Hosp		ss Vsor	. Md.	21204
	AN: The law requires that the death certificate be executed all or attending physician. It is not been signed by the ottending physician and completer use as the bur al-transit perm.t. Then please remove conflicting prior to burial, cremation, or removal, and in any event		18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED MMEDIA	y ane cause per o 8Y [E CAUSE (a)			ita	Ulles I	le n	llen	ul	APPROX, BETWEEN C	MATE INTERVA. DISET AND DEATH
	of the d the othersit permantion,		Conditions, if any, which gave to immediate cause (a), (	DUE TO, OR A	Serely  Serely	al	mol	arin	$\sim$				
6	equires that the physician. signed by the bur al-transit burial, cremat		stating the underlying cause lost	(c)	AS A CONSEQUENCE OF	un	-1+	he I	lin	V-			
/	w required by signing the burner of the burn	NO	PART 2 OTHER SIGNIFICANT CON-						ON GIVEN	JN PART 1(0)			
	AN: The law rail or ottending reate hos been for use as the Health prior to	CERTIF CATION			ICH OPERATION WAS PER		2Do AUTOPS	NO 🗀	CAUSES	YES, WERE FINDIN OF DEATH?			ERTIFYING
	vsician: 1 ospital or certificate thed for us	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. P.M.	Manth Doy Year		OW INJURY OCCUR	RRED (Enter note	ire of injury	en Port I ar Pa	rt 2, Ite	m 18.)	
	G PHYS the hos this ce detoche e Dept.	W	ot work ol work		AT HOME, FARM, STREET FACE OFFICE BUILDING, ETC.		CATION Street of		,	r Tawn		Caunty	Stote
	DIN After After be Stat		22a I certify that (I) (this saw the deceased all causes stated/abave	haspital) atte ve an 6, (1) (welfdia)	ended the decease 13/ (did nat) view the b	d from 962 , and adv after d	9/18/68 I that in (my) leath.	, 19 (aur) apınıan	, ta_6/ death a	1): curred an th	. 19 e date	69 , that and haur	(I) (we) last and from the
	TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b SIGNATURE	M	Inh	DEGRE	ATTENDING	MÉD D RECTO	OR 🔲	STAFF PHYS	22c DA	TE SIGNED	
	Poge 4 may by Funeral Design of Funeral Design of Puneral Design o			d Nagle	0 ,		22e ADDRES	812 Mo	cking	bird La	ne		
	Poge TO FUR direct shou		BUR AL (REMAT ON, 23b D REMOVAL (Specify)	17/69	23c NAME OF C	Famil	v Cemet.	arv	Gr	(City or Town)  en Col	inty	(Caunty) Vir	(State) g <b>inia</b>
	VR A15 (4) 45M 1/69		FUNERAL DIRECTOR Villiam E. John	son	8521 Loc Baltimor	h Rave	n Blvd	WIN 18	1969	25b PEB STR	AR VSI	SNA JIRE	e.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07992 07985 CERTIFICATE OF DEATH 2b HOUR DECEASED NAME Middle First Lost 20. DATE OF DEATH death. after death. Ro (Type or print) 3. SEX S DATE OF BIRTH 4 RACE 6 AGE (In years IF LINDER 1 YEAR last birthday) MONTHS DAYS aucasian 124 28 189 beneatited within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) altimore DIVORCED hin 72 lease remave carban pape and campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR INDUSTRY 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) event wit 10450n 13a USUAL RESIDENCE (Where deceased lived, if institution, Red dence before 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 186 COUNTY NO 🖂 YES [ and in any 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle Last eesey the attending physician sit permit. Then please @Address that the death certificate & S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER IN Yes, no of uoknown) burial, crematian, ar removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN DISET AND CEATH PART I DEATH WAS CAUSED BY Arterios elevatica Con IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause dw requires PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the haspital or attending d far use as the of Health priar ta has been 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 3 should be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. directar, page 3 should be detache shauld be filed with the State Dept 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Mat while at work 22a. I certify that (I) (this haspital) attended the deceased from ADY saw the deceased alive an AVIII 1964, and that in (r 22-1961 to 4 me 1969, and that in (my) (our) opinion death accurred on the date and have and from the causes stated above, (I) (see) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (State) MOVAL (Specify) YORK 6/24/69 24. FUNERAL DIRECTOR 852PRELoch Raven Blvd VR A15 (4) 30M REV 1/68 Baltimore, Maryland William E. Johnson



1 1	07993	DIVISION	OF VITAL RECORDS,	301 W. PRES		ALTIMORE,		21201	0 111 0 0	
	1) 1 3 3 0		(	ERTIFICAT	E OF DEAT	Ή			07980	5
and 2 and 2 death.	1. DECEASED-NAME (Type or print)	First	Middle		Lost		ATE OF DEATH	h <b>]]</b> Doy	3 0 ( Year	2b HOUR
		CAROLINE	BORDEN		ORGE	Jun				6 a
entre	3. SEX Femal		White		ept. 24,	1884	6. AGE (1 last birt 8	n yeors theay) YRS	MONTHS DAYS	IF UNDER 24 HRS
/	7a. BIRTHPLACE (State or country)  Phila. Pe	nna. U	OF WHAT COUNTRY?	WIDOWED X	NEVER MARRIED		TY OF DEATH Ltimore			A
. 4	10. CITY OR TOWN OF DEA  Ruxton	TH I	11 NAME OF HOSPITAL OR INS give street podress) B	THTUTION (if not in erwick	hospital 120 durir	USUAL OCCUP	AT ON (Kind of speed	work done if retired.)	126 KIND OF INDUSTRY	BUSINESS OR
. 40	130 USUAL RES DENCE (WI admission) STATE Mar	here deceased lived if in	istitution: Residence before	Ruxto	VN L3d INSIDE		3e. STREET AND <b>1506 B</b>		k Avenu	1e
1	14. FATHERS NAME F	irst Mid	dle Last	15. MC	THER'S MAIDEN NA	ME First		Middle		Last
			ersol Dora	n		Ida				Erwin
	160. WAS DECEASED EVER Yes no or unknown)	IN U.S. ARMED FORCES? (If yes give war or dates of servi	16b. SOCIAL SECURITY I 220-46-33		MANT: Daug Francis		lliams,	Address Malv		,
	18. CAUSE OF DEAT	H (Enter only one cause	per line for (o), (b), and (c)	)					APPROXIII BETWEEN D	MATE INTERVAL NSET AND GEATH
	PART 1. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute My	rocardia	Infaret	ion				
	4109		OR AS A CONSEQUENCE OF							
	Conditions, if only, w	ause (a), (b)								
	stoting the underly	ing couse Duc 10,	OR AS A CONSEQUENCE OF							
	PART 2. OTHER SIGN	IFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	ORCONDITION	N GIVEN IN PART	)(a)		
	19a. DATE OF OPERATI	ON 19b. CONDITION FO	IR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERI	E FINDINGS C	ONSIDERED IN C	ERTIFYING
	190. DATE OF OPERATION OF STATE OF STAT				YES N	o 🗆 📙	CAUSES OF DEATH	1?		
	210. ACCIDENT WAS  DR CONTRIBUTING  Official Contribution of the c		ME OF INJURY A.M. Month Day Year P.M. 19		NJURY OCCURRED	(Enter nature o	of injury in Part	i or Port 2	Item 18.)	
	21d. INJURY OCCURR While Nat while at work	ED 21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ON Street ar R.F.C	) No	City or Town		Caunty	State
			attended the decease	ed from	ot in (my) (our)	19, to	O	, 19.	, that	(I) (we) lo
	causes stat	ed abave, (I) (ve) (	did) (didast) view the	body ofter deat	h.	opinion ac	20111 00001100	on me de	-	-
	22b. SIGNATURE	IN NO	1.011	16 DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	1	DATE SIGNED	1969
No. of the second	228. PHYSICIAN S NAME (Type)	Crawford N.	Kirkpatrick				r Stree		lto N	D.
	230 BURIAL, CREMATION,	23b. DATE		CEMETERY OR CRE			OCATION (City or		(County)	(State)
1	REMOVAL (Specify)	June 13			emetery	E1	licott			and
	24. FUNERAL DIRECTOR	IOUTENT CO 3 C	ADDRESS N.North A			IN 1 G		REGISTRAR'S	SIGNATURE CARA	Late.





		_	1						DEPARTMEN					
1	r Sten	- 1			07995	DIVISION OF	VITAL RECORDS,				RE, MARI	LAND 21201	0800	
7					11000		(	ERTIFIC	ATE OF D	EATH			0798	38
	£	-72-5			CEASED-NAME Firs	1	Middle		Lost	20	DATE OF D		.,	2b. HOUR
	dea	A P		(1	ype or print) ISI1	OURE		G	LASSMAN	1	IUNE	Month 15 Doy	1969 eor	10:50PM
	9	(MA)	ŀ	3 SE		4. RACE			S. DATE OF BIRTH	H		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	aff.	@ B/P	'		MALE	(	VHITE				1	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
	S. Do	200		70. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WH	AT COUNTRY?	B. MARRIED (	X NEVER MARRIE	9 (0	KUNTY OF D			
	4	J in by ers. 72 hau		BA	LTIMORE, MD.	U.S.	4.	WIDOWED [			LTIMO	RE		Md
	2	illed papi		10. C	ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If no	ot in hospital	126, USUAL OC	CHPATION (	Kind of work done	12b KIND OF	BUSINESS OR
	requires that the death certificate be executed within 24 hours after death	physician and campletely filled in by en please remave carban papers. E aval, and in any event within 72 hau	11	B	XXXXXXXXXXX	LLSTOWN 85	treet oddress) 04 GLENN M	I CHAE L	LANE	during most of	Working III	e, even if retired )	INDUSTRY	FC
	, p	in the second		177	MOULAL DEC DENIES MADE	sed lived of netituti	on Pesidence hefore	13c C TY OR		INSIDE CITY LIMITS?	13e STRE	ET AND NUMBER		<del>-11</del>
	co te	we /	7 2	odm	SSION) STATE MARY LAND	13b. COUNTY	LTIMORE	RANDAL	LSTOWN Y	ES NO X	8504	GLENN_MI	CHAEL I	LANE
	өхө	remave carban any event wit		14. F	ATHER'S NAME First	Middle	Lost	15	MOTHER'S MAID	EN NAME First		Middle		Lost
	pe	E e e	/		MORRIS		GLASSM	AN		FANN1	E		(	CAPLAN
	ate	iciar	•	160.	WAS DECEASED EVER IN U.S. AF	MED FORCES? war or dates of service)	16b SOCIAL SECURITY N		NFORMANT			Address		PT. 104
	tific	hys val,		T	es, no, prunknown) (If yes give	wall duddles of services	215-24-50	96 MR	S. HANNA	H GLASS	MAN.	8504 GLEN		
	ē	130 P			18. CAUSE OF DEATH (Enter of	nly one couse per lin	e for (g), (b), and (c).)	4 -		n			APPROX BETWEEN C	MATE INTERVAL ONSET AND GEATH
	ath	attending permit. The			PART J. DEATH WAS CAUS	ED BY: IATE CAUSE (o)	Acote	My	redicte	IIM	ARCT	in	1/2	- Hour
	- Ge	erm erm in, c			4104	* * *	S A CONSEQUENCE OF	7		7				
	the	the sit p		П	Conditions, if ony, which gove	100								
6	that	Dy t dns		П	rise to immediate cause (a), stating the underlying cause	DUE 50 00 1	S A CONSEQUENCE OF							
6	es	ed Lead		П	lost.	(c)								
11	quires the	signed by the burial-transporter			PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	THE TERMINAL D	ISEASE OR CONDI	TION GIVEN	IN PART 1(a)		
Al	The law rea	ta Per		<u>.</u>										
	The law	s be	١.	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WH	CH OPERATION WAS PER	RFORMED	20e AUTOPS)	1?		ES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN C	ERTIFYING
	The	节略中	X	<u> </u>					YES 🔲	NO 🗀	CAUSES	OF DEATH!		
	ij.	ate or u	7 %		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR		Month Doy Year	21c H0	OW INJURY OCCUR	RED (Enter not).	ire of injury	in Port 1 or Port 2,	1tem 18)	
	70.5	事業を		MEDICAL	(If either, notify medical exam	riner)   P.M.	19							
	ATTENDING PHYSICIAN:	by the taspitul at attending paysistion.  Wher this certificate has been signed by the attending physician and camplete be detached for use as the burial-transit permit. Then please remaye cark Stote Dept. at Health priar to burial, crematian, or remayal, and in any event.		🔻	21d. INJURY OCCURRED 21d While Not while	. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY ) 21f LC	CATION Street o	or R.F.D. No	City o	r Town	County	Stote
	- L	e de tri			at work at work							/		
	N 3	oy frer Stot			22a I certify that (1) (t	his hospital) atte	ended the decease	d from	6/10		, ta	6/15-19	64 , tha	t (I) ( <del>we)</del> last
	NA S	A Ye			saw the deceased causes stated above	alive an	(did net) view the l	nady after	d that in (my). Yeath	(out) apinian	death ac	curred on the de	ate and haur	and tram the
	ATTA	1945 1945 1945 1945 1945 1945 1945 1945			22b SIGNATURE	//	en e	out oner	3041111			220.	DATE SIGNED	
	OR.	DIRECTOR: A DIRECT	1		(10/bet/	Duit C	UKIES	DEGR	ATTENDING PHYS	MED	DR 🔲	STAFF PHYS	116/6	9
	1 to 1		/	П	22d. PHYSICIAN'S				22e ADDRES	SS			1 / 6	
	PIT	4 may NERAL D far, pag	1		NAME (Type) AL	BERT J. H	IMELFARB		3 <b>5</b> 0	01 ST. F	PAUL S	TREET		
	TO HOSPITAL	rage 4 may be retained by the taspitul of anertaining O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the Stote Dept. af Health priar ta		23o		DATE	23c NAME OF	EMETERY OR	CREMATORY	230	LOCATION	(City or Town)	(County)	(Stote)
	0	of FUN Shaul	10		REMOVAL (Specify) RURTAL 6	-17-69	BETH T	FI LOH		I	BALTIM	IORE, MARI	LAND	
		VR A15 A	DX.		CHAILDAL DIPECTOR		ADDRESS	TAUL 1	2/1/10	o REC'D BY REC	ISTRAR 1969	25b, REGISTRAR S	SCHATURE	el.
		30M REV 1	11	SO	L LEVINSON &	BRUS., 601	O REISTERS	TOWN	D	MOH T'S	1000	1	0 0	7
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,		07996	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STR	EET, BALTIMORE, MA	RYLAND 21201		
	L	Item#23a,FilmG		CERTIFICATE OF I			0798	19
deoth.	L	DECEASED NAME First (Type or print) MAF	Middle J.	GLOR <b>IOS</b>	O JUNE	F DEATH Month 30, Doy	1969	25. HOUR 2:10A
Softer So		FEMALE	4 RACE WHITE	S. DATE OF BIR AUGUS!	r 7, 1908	6. AGE (In years lost birthday)		JNDER 24 HRS
24 hour ged in gopers. Progress.	70 car	BIRTHPLACE (State or foreign intry) MARYLAND	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARR WIDOWED DIVORCE		F DEATH		
within a second		CITY OR TOWN OF DEATH TOWSON		NSTITUTION (If not in hospital EPH HOSPITAL	120 USUAL OCCUPATION during most of working HOMEMAK	N (Kind of work done	12b. KIND OF BUI	SINESS OR
e executed with and completely remove carbon nony event with	13a odn	USUAL RESIDENCE (Where deceos	ed lived if institution. Residence befor 13b COUNTY		3d INSIDE CITY L M. TS? 13e S	TREET AND NUMBER 14 HAMPDEN	AVE. #2	21211
be exe	14	FATHER'S NAME FIRST	Middle Post	IS MOTHERS MAIL	DEN NAME FIRST	Middle	4ABR	lost
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PHYSICIAN: e hospitol or his certificate stached for u Dept. of Healt	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUT NG CAUSE OF DEATH (If either, notify medical exomin	21b TIME OF INJURY HOUR A.M. Month Day Yeo er) P.M.	21c HOW INJURY OCCUI	RRED (Enter noture of inju	ory in Port 1 or Part 2, lite	em 1B)	-
S PHYSICIAN: the hospitol or this certificate detached for u e Dept. of Heolo	ME	21d. INJURY OCCURRED 21e. I While Not while at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	ACTORY ) 21F LOCATION Street		or Town	County	Stote
ATTENDING etoined by th CTOR: After i should be di		22a I certify that (X) (this saw the deceased an	s haspital) attended the decea ive on June 30. (M) (we) (did) (MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	sed from June 28, 19 69, and that in (my)	(aur) apınıan death	June 30, 19_accurred on the date	69 , that (P	(we) last
RECTOR  3 should with the		22b. SIGNATURE	To company (unanany) view the	ATTENDING	MED =	22c D#	ATE SIGNED	
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	1	MARTLAND STATE DEPARTMENT OF HEALTH	
<del></del>		07997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02000
· · · · · · · · · · · · · · · · · · ·	1 0	CERTIFICATE OF DEATH  DECEASED-NAME First Committee Comm	07990
in 24 haurs after death. illed in by the funeral papers. Pages 1 and 2 hin 72 hours after death.	{	Type or print) SAMUELI RAYMOND GCHLINGHORST. Jumnit 301	oy 1401 4 14 A N
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4 E / = =	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Essex  12 Usua. Occupation (Kind of work dane during set of working to even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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IAN: The		210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 216 HOW INJURY OCCUPED A FOREST DATE OF PORT 2	Item 18.)
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JING PHYS by the hos ifter this ce be detache State Dept.	×	21d INJURY OCCURRED While Not while of work OFFICE BUILDING, ETC 21f. LOCATION Street or R.F.D. No. City or Town	County State
ING by t ffer be o		220 1 certify that (1) (this haspital) attended the deceased from 46.71 1967, to 67.30	969, that (I) (we) last
t ATTEND retained ECTOR: A S shauld with the §		saw the deceased alive an	ate and hour and from the
OR A WITHER		226 SIGNATURE DEGREE ATTENDING MED DIRECTOR DIRE	OATE SIGNED 169
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HOSI ge 4 :UNE ecta auld	23 a	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
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/			ID STATE DEPARTMENT OF		
13	- 07998	· · · · · · · · · · · · · · · · · · ·	301 W. PRESTON STREET, BAL	IIMUKE, MAKTLAND 21201	07991
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ertificate be exc physician and onen please rem laval, and in any	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY	NO. 17 INFORMANT	Address	
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TO HO: Poge directs		BUR AL CREMATION, 23b BEMOVAL (Spec fy) 6	DATE - 19-6		MORE N	ATIONA			RÉ, MARY		(State)
VR Ats CA	24	FUNERAL DIRECTOR POL	July	KELSON FU			2Sa REC'D BY RE	GISTRAR 7 1969	256. REGISTRAR S		





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07996 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 2g DATE KNOWN Last Month Day Yeor 2b HOUR (Type or Print) ESTI-Wilbur Hall 18 1969 3 PM DEATH MATED JE JNOER 24 HRS. 3 SEX Male 4 RACE THIE S DATE OF BIRTH 6 AGE (In vitors 2r DATE PRONOLINCED DEAD 2d HOUR last birthday) 5-5-19 the State Depai 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Tennsylvanis Baltimere U. S. A. W-DOWED | DIVORCED [ TO CITY OR TOWN OF DEATH 12a JSJAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b K ND OF BUSINESS OR 4 shauld be farwarded to the Chief Medical Examiner's Office along with during most of working life even if retired) IND.,STRY Sparrows Point ispensary Steel making Steel worker 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY UM 15? 13e STREET AND NUMBER 13b COUNTY Baltimore admission) STATE 691h Soller Point Road Dundalk YES NO SE 24 haurs Item 1 affer 14. FATHER'S NAME Eirst Middle Last IS MOTHER'S MAIDEN NAME First Middle Orlando Butterbaugh E. Hall Ida ⊆ 6914 Sollers Pt. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO 17. INFORMANT ADDRESS penci (Yes, no, or unknown) Rd. Dundalk. 219-01-8812 (If yes give swor or dotes of service) Lrs. Constance A. Hall, 2 E APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Coronary ecclusion due to A.S.C.V.D. hour DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (a). shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, NO PE YES pe 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Months Day, Year ь 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) 3 should HOUR A.M PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame form street 71f ±OCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection [34]. Inquiry [X], and in my opinion death resulted from Natural causes **X**. Accident ... Suicide . Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER 6-18-69 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** may Melvin B. Davis, M.D. 6800 Morn Prigten Ratow Dundalk, Md. 21222 NAME (Type) the 230 BUR AL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Gardens of Faith Cem. Baltimore. Md. Buria. 24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) John J. Duda. 7922 Wise Ave. Dundalk. Md. TOM REV 1/68



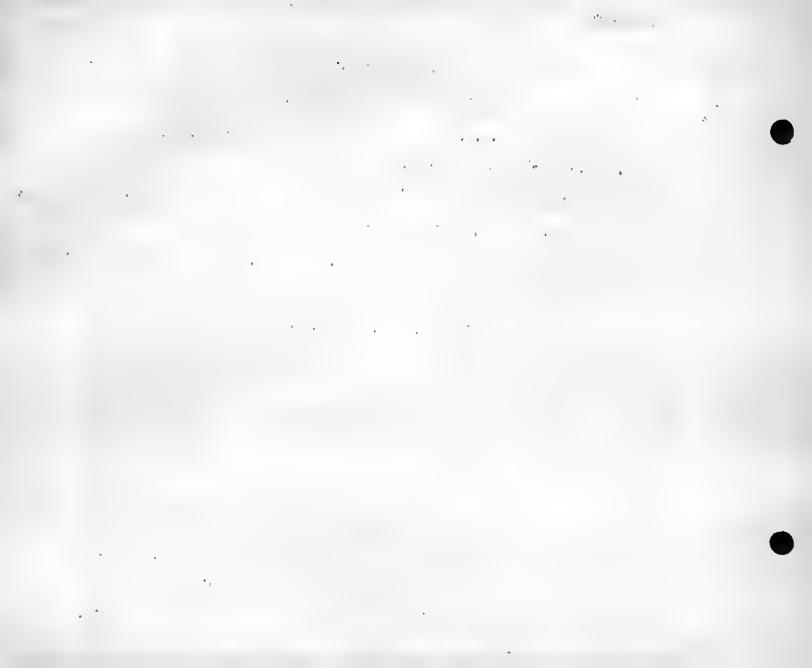
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	08004	DIVISION OF				RE, MARYLAND 21201	07997	
	00005		CI	RTIFICATE OF	DEATH		07934	
F 2 F	1 DECEASED NAME	First	Middle	Lost		DATE OF DEATH	2b. HOU	RΔ
eat and eat	(Type or print)	Thomas	J.	Halley,	Sr.	6 Month 2 Day	69 Year 6:15	
ir d	3 SEX	4 RACE	0.0	S, DATE OF BIE		6. AGE (In years	F JNDER I YEAR   IF UNDER 24 HR	
affe ges offe					/28/1897	last bir <u>today)</u>	MONTHS DAYS HOURS M.	
5 字記	Male 7a BIRTHPLACE (Stote or fore	ign 7b CITIZEN OF W	aucasian					
24 haurs after death. ed in by the funeral pers Peges 1 and 2 72 hours after death.	(ountry)	ign 76 CITZEN OF W		MARRIED NEVER MARI	KIED .	UNTY OF DEATH		
d i ber	Balto.,Md.	U.S.		The same of the sa	CED 🗌	Baltimore		Md
· 트 (	10 CITY OR TOWN OF DEATH	II N	IAME DE HOSPITAL OR INSTI	TUTION (If not in hospital	1120 USUAL DCC	UPATION (Kind of work done	12b KIND OF BUSINESS OR	
completely filled in nove carbon papers, y, event, within 72th	Baltimore	e21204 Gre	ater Balto.	Med. Center	r Chauf	Teur Si	un Cab Co.	
ed plet car	130. USUAL RESIDENCE (Where admission) STATE	e deceased lived, f institu	tion: Residence before 1	3c. CITY OR TOWN	13d INS DE CITY LIMITS?	13e STREET AND NUMBER		_
om om	admission) STATE Md.	13b COUNTY	Balto. To	owson	YES NO	1501 Della	way Road	
N D W H	14 FATHER'S NAME FIRST	Middle	Lost	15 MOTHER 5 MA	IDEN NAME First	Middle	Lost	
AN: The low requires that the death certificate be executed within 24 halo a catending physician. It is been signed by the afterning physician and completely filled in for use as the burial-transit permit. Then please remove carbon papers. Health prior to burial, cremation, or removal, and in any event, within 72th	Char	cles	Halley		Na	TV	Brown	
Cian San A	160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT		Address	DIOMIL	_
1 S S S S S S S S S S S S S S S S S S S	Yes, no_or unknown) (II	f yas give war or dates of service)	216-03-51	17 Thomas	J. Hal	lev. Jr.	(Same)	
cert ng pl		Enter only one couse per li		LI LIQUED	U a IICII	TOY OLA	APPROX MATE INTERVAL	=
the day	PART I DEATH WAS	S CAUSED BY  MMEDIATE CAUSE (a)	ine for (o), (b), and (c).)	1. 1			BETWEEN ONSET AND DEATH	
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The art att	E E			YES 🔀	№ □	CAUSES DF DEATH?	es.	
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Pital Pital Pital Pital of H	OR CONTRIBUTING CAUSE  (If either, notify medical	SE OF DEATH HOUR A.M. P.M.	Month Day Year 19					
PHYSICIAN: e haspital or his certificate stoched for L		2) e PLACE OF INJURY		Y) 21f LDCATIDN Street	or R.F.D. No	C'ty or Town	County State	_
G PHYSICI the haspit r this certif detoched te Dept. of	While Not while at work		OFFICE BUILDING, ETC	/				
by the by the lifer til ster til be de de state	22g L certify that	(I) (this hasnital) att	anded the decorred	from 5/25	19 69	to 6/2 10	69 that (I) (wa) I	or t
After After a State	saw the decea	sed alive an	6/2 19	69 and that in (my	) (gur) apinian	death accurred on the do	te and baur and from t	he.
ATTENDING etained by the CTOR: After I should be dith the State	causes stated	abave, (1) (we) (did)	(did not) view the bo	dy after death.	) ( <u>===</u> )	ta <u>6/2</u> , 19 death accurred an the do	TO GITA HADE GITA HOTH I	116
A S C S s	22b SIGNATURE	00 =		/		22:	DATE SIGNED	
OR ATTENI be retained DIRECTOR: A pe 3 shauld ed with the		11/1/2010	ununt	DEGREE PHYS	G MED DIRECTO	R D STAFF 🔀 J	Tune 2, 1969	
AL Doy los	22d PHYSICIAN S	0		22e. ADDR	RESS			
SPITAL 4 moy NERAL 10r, pag	NAME (Type)	Rudiger Bre	itenecker,	M.D. 67	701 North	Charles Stree	t 21204	
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detoched for us should be filed with the State Dept. of Health	230 BUR AL, CREMATION,	23b DATE	23c NAME DE CE	METERY OR CREMATORY	23d	LDCATION (City or Town)	(County) (State)	
O HOY	BUP18	6/5/1969	Baltin	nore		Baltimore	Md.	
		2 5	ADDRESS		250 REC'D BY REG	STRAR 250 REGISTRAR 5	SIGNATURE	_
VR AISON	24 FUNERAL DIRECTOR H.W.Jenkij	a & Sons	Co • 4905	Cork Rd.	DATE UN	1969 Allian	cas Judge	
171			WO.		MILLS TO THE			





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07999 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Inst 20. DATE OF DEATH 2b. HOUR (Type or print) Hammond Ellwood buriot-transit permit. Then please remaye corbon papers. Pages buriot, cremotion, or removol, and in ony event, within 72 hours after 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) 6 - 1894 Male Wau. YRS executed within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED completely filled in Baltimore Westport. U.S.A. WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired ) **INDUSTRY** 3222 Putty Hill Parkville North America Inst 13g USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 3222 Putty Hill Avenue Parkirille IS MOTHER'S MAIDEN NAME Eyst 14 FATHER'S NAME Middle First Middle Lost Lost Edgar Harris Samuel Laura Hammond requires that the death certificate be physician t 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 21234 Yes, no, et unknown) 212-01-1703 rars Lucille Hammond 3222 Putty Hill Avenue APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) for use as the b Health prior to b Poge 4 may be retained by the hospital or attending **FOUNERAL DIRECTOR**: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dmpt of Health prior to 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year PM (If either, natify medical examiner) 21d. INJURY OCCURRED 219. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town County State While Not while at work director, page 3 should should be filed with the causes stated above, (1) (we) (did) (didwet) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS 22d. PHYS CIAN S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Parkville. Parkwood Cemetery Balto. 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Lassahn Funeral Home 7401 Belair Road 21236 DATUN 23 30M REV 1/68





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	= = = = =		DECEASED-NAME	First		Middle	Last	20.	DATE OF DEATH		2b HOUR
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	affer a start of the start of t	3	SEX <b>F</b>		4. RACE W	,	S. DATE OF Aug.	BIRTH 4, 1892	6 AGE (In years last bylladay) YR:	GEUNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HIGURS MIN
•	24 haure ed in By th ipers. Pag		BIRTHPLACE (State or foreign torring)  Maryland	n 7b	U. S.		MARRIED X NEVER MA	AKBILU	UNTY OF DEATH Baltimore		Mai
	트 플러	30	CITY OR TOWN OF DEATH Halethorpe	-	11 NAME O give street	address}	UTION (If not B level)	12a USUAL OCC	UPAT ON (Kind of work dans working life even if retired 15ewife	12b KIND OF INDUSTRY	BJSINESS OR
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	physician please and i and i	16	o. WAS DECEASED EVER IN U Yes, no. or unknown) (Ity		dates of survice)	SOCIAL SECURITY NO. None	Mr. Lor	enz Happel	Address L 4706 Wash.		lethorp
2/	requires that the death certificate being physician. In signed by the attending physician or burial-transit permit. Then please in to burial, cremation, or remaval, and in		Canditions, it any which use to immediate causi stating the underlying clost  PART 2 OTHER SIGNIFICAL	CAUSED 8 MMEDIATE gave) e (a), (	DUE TO, OR AS A C	ONSEQUENCE OF	RELATED TO THE TERMIN	The Transport of the Condition of the Co	ON GIVEN IN PART H(a)	BETWEEN O	MSET AND DEATH
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	vsicial ar certificate for us the far us ot. af Healt	MEDICAL CE	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	nth Day Year		CCURRED (Enter natur	e af injury in Part 1 ar Part 1	2, Item 18)	
	ha ha	25	21d. INJURY OCCURRED While Not while at work	21e PL/	CE OF INJURY (AT HO	IME, FARM, STREET FACTOR BUILDING, ETC	Y) 21f LOCATION Str	eet or R.F.D. No	City or Town	County	State
	by there are start and the start are start and start are start are start are start are start are start are start and start are		22a. I certify that ( sow the decease couses stated a	ed alive	naspitol) attender on (we) (aid) (did	me 0 194	Z. ond that in Fi	2 , 1967, ng (our) apinion	ta	9 <u>65 9</u> 7 , that dote(and hour	(1) (we) lost and from the
	OR be re		22b SIGNATURE	Er	unb	zush	DEGREE PHYS	DIRECTO	STAFF C	DATE SIGNED	169
	PITAL may mkar mkar d be fi		22d. PHYSICIANS NAME (Type) Dr.	Bru	e Brumbau	igh	22e. AD 56	509 Main S	treet Elkrid	lge, Mary	land'
	TO HOSPITAL OF Flage 4 may be TO FUNIKAL DIR director, page shauld be filed		BUR AL, CREMAT ON, REMOVAL(Serify)		.1-69	Loudon	METERY OR CREMATORY Park Cemet		LOCATION (City or Town) Baltimore, Ma	ry land	(State)
	VR A S	24	FUNERAL DIRECTOR Howard H. Hu	bbar	4107 Wil	kens Ave	. 21229	DANJUN 1			ge.





1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	08003
death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) ARMOND HAYWARD	26 HOUR 9:40a
dies of the	SEX  4 RACE WHITE  5. DATE OF BIRTH 6/18/95  6. AGE (in years last birthday) 74  72  72  73  74  75  74  76  76  76  76  77  77  77  78  78  78	IF UNDER 1 YEAR OF UNDER 24 HRS
24 hou ed in by pers. 72 ho.	BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH BALTIMORE	, Md.
IAN: The law requires that the death certificate be executed within 24 hours of or ottending physician. If the last been signed by the attending physician and completely filled in sort for use as the buriol-transit permit. Then please remove carban papers. Per Health prior to burial, cremotian, or removal, and in any event, within 72 hours	CITY OR TOWN OF DEATH  11. NAME OF HOSP TAL OR INSTITUTION (If not in hospito  120 USUAL OCCUPATION (Kind of work done drugs)  13. NAME OF HOSP TAL OR INSTITUTION (If not in hospito  14. OR TOWN OF DEATH  15. NAME OF HOSP TAL OR INSTITUTION (If not in hospito  16. OR TOWN OF DEATH  17. NAME OF HOSP TAL OR INSTITUTION (If not in hospito  17. OR TOWN OF DEATH  17. NAME OF HOSP TAL OR INSTITUTION (If not in hospito  18. OR TOWN OF DEATH  19. OR TOWN OF DEATH  1	CONTRACTOR
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ricgle be ex Sician and please rem	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle JANE  ZEBIDIE HAYWARD JANE	HART Lost
The law requires that the death certificate to ottending physician. has been signed by the attending physicianse as the burial-transit permit. Then please the purial, cremotian, or removal, and	io. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes not guild nown) (1) ARMED FORCES?  Yes nown (1) ARMED FORCES?  Yes not guild nown) (1) ARMED FORCES?  Yes not guild nown) (1) ARMED FORCES?  Yes not guild nown) (1) ARMED FORCES?  Yes nown (1) ARMED FORCES?	
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HYSICIAN: hospital or s certificate ached for u	210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 217 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 218 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 219 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 211 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 212 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 213 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 214 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 215 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 217 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 218 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 217 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 218 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 218 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 219 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 210 HOW INJURY OCCURRED (En	, Item 18.)
PHYS he host this cel letache e Dept.	While Not while of work of work	County State
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate e 3 should be defatched for u ed with the State Dept. of Heol	22a. I certify that (\$\psi\$) (this haspital) attended the deceased fram 6/3/69, 19, to 6/20/69, 1 saw the deceased glive an 6/20/69, 19, and that in (79%) (aur) opinion death occurred on the courses stated above, (\$\psi\$) (we) (did) (abbugget) view the body after death.	9, that (t) (we) last date and hour and fram the
RECTOI 3 shou	22b SIGNATURE ATTENDING MED. STAFF 22c	c. DATE-SIGNED 6/20/69
D HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of	22d PHG (IAN S NAME (Type) JOHN D. TALBERT, M. D. 22e ADDRESS VAH FORT HOWARD, MARYLAND	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	BURIA_ CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town)  CALIBRIDGE. MA	(County) (State) RYLAND
VR A13 44	FUNERAL DIRECTOR  THOMAS FUNERAL HOME 250 REC'D BY REGISTRAR  250 REC'D BY REGISTRAR  CAMBRIDGE, MARYLAND DAILN 2 4 1969	S SIGNATURE



- Committee of the Comm		DIVISION OF VITAL RECORDS, 301 W. PRES"ON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME A First Month Day Year 26 HOUR
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delay 33 Page 13 Page 14 Page	3 !	SEX / 4 RASE 1 3 DATE OF BIRTH 6 AGE (IN 1980'S IF UNDER 1 YEAR IS UNDER 24 HRS 2c DATE PRONOUNCED BEAD 2d HOUR
yy delay 's ond 3 to PM3 Page ortment of		Lin 28 1340 ass prinders Months DAYS HOURS MIN- Marphilie Days Year 69 930
Pa P. 1.	70	BIRTHPLACE (Stote or forgign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH /)
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th for	10	CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If golf in hospital   12a USJAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR
Page with the Star	•	give street address) 783 9 (LCL with Adving most of vorting life, even fretired) INDUSTRY
# # # # # # # # # # # # # # # # # # #	130	USUAL RESIDENCE (Where deceased lived, if institution Residence perare 13c (ATX OR TOWN) 13d MS DE CHY LM 157 13e STREET AND NUMBER
hin 24 hours after death any delay not in Item 18 Give Pages 1, 2, and 3 niner's Office along with form PM3 Pages I and 2 with the State Department hours after death		odmission) STATE /UP 136 COUNTY & also 2008 YES NO X 783/Wendown AVC
terner of the control	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 in in ris ris ris ris ris		e recent 1. 100 mc.
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO 17 LINFORMANT ADDRESS 7837 (LENthour) No.
be executed with perioding in perioding Exorner Medical Exorner File event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed ading"   Medical permit at within		18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)) PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  APPROXIMATE INVESTMENT OF DEATH  BETWEEN ONSET AND DEATH
e executed pending" in ef Medical E sst permit 15 vent within		DUE TO, OR AS A CONSEQUENCE OF
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2 0 Z 2 E		lost (c) The real 31 - A LET OF TEST CONTROL
his certificate so the writing the transmission of the transmissio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certifi , writh arward used c	FICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
	E S	WAS PERFORMED?
Eta a EA	CERT	21a EXTERNAL CAUSE WAS - 21b T ME OF INJURY Month Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
	1	PRIMARY OR CONTRIBUTING HOUR A.M.
KAMINER: te the certi je 4 shaulc yaur files age 3 shau cremation,	MEDICAL	CAUSE OF DEATH PM 19 21d NJRY OCCURRED 21e PLACE OF INJURY (At horse, form, street, 21f, LOCATION Street or R F D No City or Town County Store
	1~	WHILE NOT WHITE foctory, office building etc.)
<b>□</b> ⊃ ⊝ ~ ~ .		AT WORK -AT WORK -
ICAL I		22a   certify that Laok charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion
SIC recta gined RECT to bu		death resulted from Natural couses , Accident , Suicide , Homicide , Undetermined manner
please ( I directa retained I DIRECTA I DIRECTA		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF CHI
Jry, ple eral di be reta bi RAL Di RAL Di prior	П	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER C
DEPUT SCESSOR IN E fune May b FUNER		EXAMINER'S F. T. KAS IK TR. MD DEPLTY MEDICAL EXAMINER D.
O DEPUT Decessory the funer 5 may be O FUNER! Hearth		NAME (Type)  ADDRESS(Street, city, town or county)
<b>5</b> 등	23	BLRIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
	24	REMOVAL (Specify Cremation 6-16-1969 Greenmount Cemetery Baltimore City Md
VR ATSME IS A	24	FUNERAL DIRECTOR  ADDRESS  250 REC D BY REGISTRAR 250 REGISTRAR 5 S CHATURE  250 REC D BY REGISTRAR 250 REC D BY REGISTRAR 250 REC D BY REGISTRAR 3 S CHATURE  250 REC D BY REGISTRAR 250 REC D BY REGISTRAR 3 S CHATURE  250 REC D BY REC D BY REGISTRAR 3 S CHATURE  250 REC D BY REC D
TOM REV TOOL		Dassann Funeral Home 7401 Belair Road 21236 DATUN 1 9 1969 Policy Judges

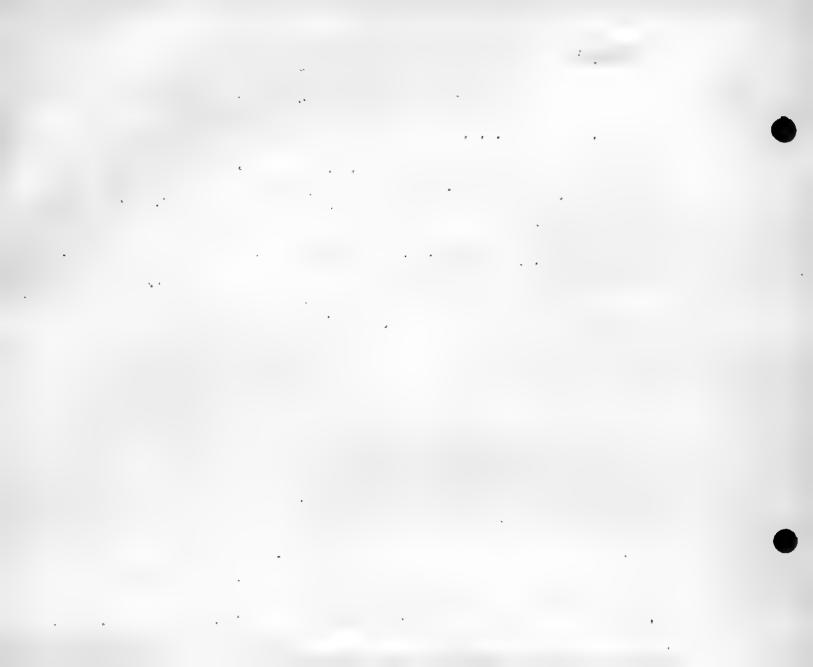
MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08005 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOUR death. (Type or print) Elenora Henseling 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR last birthday MONTHS 1 DAYS HOURS TUNE 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED BAITHER E. WIDOWED [7] DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH vithin 12b KIND OF BUSINESS OR during most of working ife, even if retired ) INDUSTRY please remove carban and completely and in ony event 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before LINE INSIDE CITY LIM TS7 13e STREET AND NUMBER xecured 13b. COUNTY CATONSVIlle 5715 Edwardson Are 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME ENS PENBROOK requires that the death certificate be 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO Address Yes, no arunknown) LAWRENCE J. HENSEling 5715 Edmendson burrol, cremation, or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, If any, which gave ) burial-tronsit rise ta immediate cause (a), á DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician MISSIST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO Z YES [ 3 should be detoched for use with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 7, 1957, to 6/18, 1969, that (I) (we) last saw the deceased alive an 6/1969, and that in (my) (our) apinion death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF director, poge 3 should be filed v DEGREE DIRECTOR 22d. - PHYSICIAN S 22e. ADDRESS NAME (Type) 23g BURIAL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (State) REMOVAL (Specify) Mureland Memorial &K. Con. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR DATE JUN 2 3 30M REV\_1/68



8	=17		Itam 6 Film G 7/2/65 llw		MARYLAND ST AL RECORDS, 301	TATE DEPARTMEN W. PRESTON STREE FIFICATE OF DI	IT OF HEALT T, BALTIMORE FATH	H , MARYLAND 21201	080	06
87	death agend 2	1 D	CEASE PLONE - FIR	l <del>eG 1}, <b>7/</b>1] st</del> orian	/69 km CLK	tost Herberich		DATE OF DEATH		2b. HOUR
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	nd camplet remaye car rany event,	odm	USUAL RESIDENCE (Where decension) STATE Md.		Residence before 13c.	erry Hall YE	S   NO	13e STREET AND NUMBER	h Rd 21	236
	n and or se remed in any		ATHERS NAME First Valent		lost Herberio		Agne	Middle 3	Gleic	Lost
	th cedificate by the constraint of the constrain	160	WAS DECEASED EVER IN U.S. A es, no. or unknown)		SOCIAL SECURITY NO 212-05-7002		amie rberich	Address 4208 Darleigh		
Υ.	equires that the dea physician. signed by the attens burial-transit permit burial, crematian, or		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAJ IMME!  Conditions, if ony, which gov rise to immediate couse (o stoting the underlying couslost.  PART 2 OTHER SIGNIFICANT C	DUATE CAUSE (o)  DUE TO, OR AS A  (c)	CONSEQUENCE OF	Tiple m	Lung etast	on GIVEN IN PART 1(0)	BETWEEN ONS	NE INTERVAL SET AND DEATH
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	JING PHYSICIA by the haspital fter this certific be detached fa State Dept. of H	ME	21d INJURY OCCURRED 21 While Not while of work	e. PLACE OF INJURY (ATH		21f LOCATION Street or	RED No.	City or Town	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defacted far use as the should be filed with the State Dept. of Health priar ta		22a. I certify that (I) ( saw the deceased causesstated aba	this hospital) attende alive an————— ve, (I) (we) (did) (did	d the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	Im		earn accurred an the da	te and haur a	(I) (we) last ind fram the
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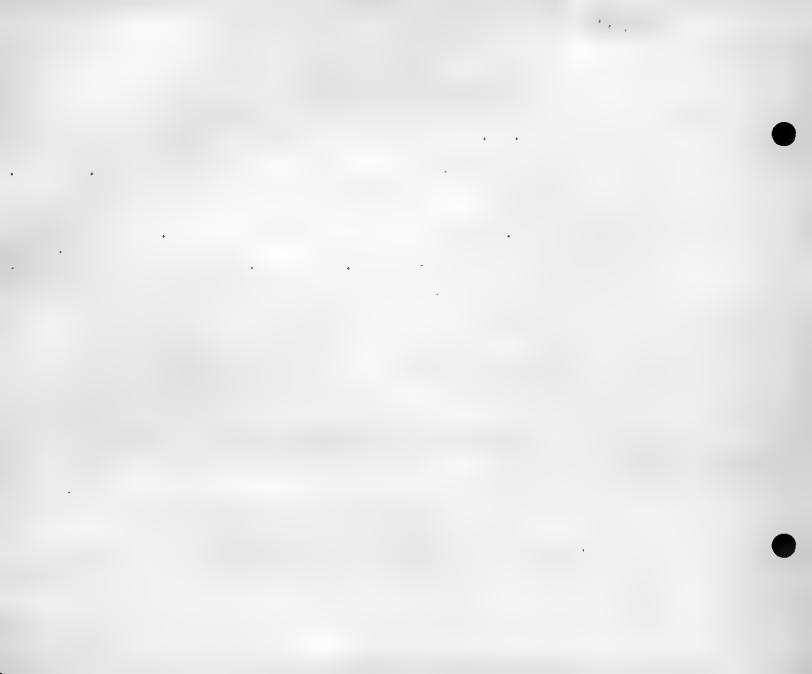
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	. 4	П	08014	DIVISION OF VITAL RECORD	)S, 301 W. PRE	STON STREET, BALTIMO	RE, MARYLAND 21201		
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	4 - 24		ECEASED NAME FIRS	t Middle		Lost 2a	DATE OF DEATH	2b. HOUR	R
	death.	1	Type or print)	A. E	Ho	thart	Month Day	1969 8:30P	. M
	10 TE TE	3 \$		4 RACE	S	DATE OF BIRTH	6 AGE (In years	IF JNDER ! YEAR   IF LINDER 24 HRS	0
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	within 24 hours after death ely filled in by the funeral bon paper bon paper within 72 naus after deoth	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	(INSTITUTION (If not	in hospital 120 USUAL OC	UPATION (Kind of work done	12b KIND OF BUSINESS OR	110.
	ad within following the corbon ent, with	1	OWSON.	give street address) Chesnbeute	Munachu	WILLIAM !	working life, even if retired) ousewife	MOUSEWife Housewife	
	ent of each	30	SUAL RESIDENCE (Where deceded	sed lived, if institution- Residence before	ore 13c, CITY OR TO	OWN / 138 INSIDE CITY LIMITS?	138 STREET AND NUMBER	110000	_
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	ond rem	14	FATHER'S NAME / First	Middle Los	1 IS. A	NOTHER'S MAIDEN NAME First	Middle	Last	=
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	ficate be ysicion o please ol, and in	160	WAS DECEASED EVER IN US AR	MED FOR(ES? 16b SOCIA, SECURI 215-118-	TYNGS 17 INF	ORMANT	106 Cathand P	024	_
	low requires that the death certificate nding physician. been signed by the attending physicians the buriol-transit permit. Then pleasiar ta buriol, cremotian, or removal, and		110		- 44	. Arthur Wiley	106 Gothard R	080	
	h cer		18 CAUSE OF DEATH (Enter of	n y one cause per line for (a) (b) and ED BY	(c))	7-0	16	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH	-
	he deoth aftendir permit. ion, or re		IMMEDI	IATE CAUSE (a) Cource	oschi	the Carrie	Vascular a	liscare	
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	ttene lo as b as b prior	CERTIFICATION	170 DATE OF OPERATION 170	CONDIT ON FOR WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS () CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
	PHYSICIAN: The e hospital ar aties this certificate has stacked for use Dept. of Health	CERT?	21a. ACCIDENT WAS JNDERLYN	NG 216 TIME OF INJURY	in. How	YES NO			
	IAN ficot for for for Hee		OR CONTRIBUTING CAUSE OF DEA	ITH HOUR A.M. Month Day Ye	307	INJURY OCCURRED (Enter natur	re of injury in Port 1 or Port 2,	tem 18)	
	HYSICIA hospital s certifica sched fa	MEDICAL	(If either, notify medical examinated INJURY OCCURRED   216		19	7/011 6			
	G PHYSIC the hospi tr this certi detached te Dept. o			PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	ZIT EUCA	ITUN Street of K F.D No.	City or Town	County State	
	er the		at walk at walk	us harnital) attended the data	acad from	19	to 6/22 19	0 15 10 1 11	_
	ATTENDING stained by th CTOR: After should be d ith the State		saw the deceased of	nis hospital) attended the decea alive an	_19 and t	hat in (and) (aur) animon	death occurred on the do	te and hour and from the	1st
	ATTER etaine CTOR: shoul		causes stated abov	e, (‡), (we) <del>(did</del> ) (did nat) v'ew th	ie body after dec	ith	would be control of the oo	Cond floor and floir fi	16
	OR ATTENI be retained JRECTOR: A e 3 should ed with the		22b SUCHATURE	1/1/- 1	<i>D</i> = □	ATTEND NG TED	STACE 22c	ATE/S GNED	
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	NER Tor,	-	/\//	warsky		6505 ya	in Look to	acro Min	_
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State	23a		/	OF CEMETERY OR CRE		LOCATION (City or Town)	(County) (State)	
	2 2 1	24	REMOVAL (Specify) Burial 6 FUNERA, DIRECTOR	0-25-1969 More	eland memo		Baltimore	City Md.	
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	1	6			IE DEPARIMENT			
	080	15	OIVISION OF	VITAL RECORDS, 301 W	. PRESTON STREET, 1 FICATE OF DEA		LAND 21201	08008
], N	AME OF DECEA	SED	7	CLKII		ATE AND HOUR OF	DEATH	
(Тур	SA	MUEL J.	HESTER	BERG		June 8,		1/ 1/
3. 1	PLACE IN BALTIM	ORE MARYLAND, V	VHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE	E (Where deceased to COUNTY	ived. If institution:	ies dence before odm ssior
FLI	BA	LTIMORE COU	NTY	UTON CIVE STORES		COUNT		
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	ATION	UTION, GIVE STREET	Mary land		D INSIDE CITY	IMITS?
		3 Murdock	Road		Baltimore		YES	NO 🕡
		Ealtimore,		nd 21212	E STREET AND NUM			
_					3 Murdock			
	_	RACE		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y lost birthdoy)	eors If Und Months	er 1 Yr.   1 Under 24 Hrs Doys Hours Min.
		White	WIDOWED	BUSINESS OR INDUSTRY	10-20-1904	D4		
)ne	e during most of work	ting life, even if retired)	KIND OF	BAZINEZZ OK INDRZIKA	III. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT COUNTR
	etired Su	pervisor	Amer.	011 Co.	Baltimore,	Maryland		U.S.A.
3.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME		
	W	illiam D. F	lesterbe	rg	Margar	et Schanz		
۶, ۱ es	Was Deceased Ev.	er in U. S. Armed Fo yes, give war or dat	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21212
	No	1		212-01-7204	Mrs. Laura	E. Hester	oerg, 3 Mu	rdock Road
	18. /			CAUSE OF DEAT	Ĥ			APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		_	,	•	, , , , , , , , , , , , , , , , , , ,
		ADING TO DEATH mean the made of	dvina e.e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF	emeatre	261	140
	heart failure, ast	henia, etc. Il means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF			
		RECEDENT CAUSES		P		w1		
	1.	CONDITIONS, if		(B) DUE TO OR AS	A CONSEQUENCE OF	1 Carl	72C	34 r
	nse to the	above cause (A)			6	1		
	UNDERLYING C			(C)				
z	OTHER SIGNISICA	II NT CONDITIONS CO	INTERPRETATION CO.					
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				re deceased from	11 101			1964
		st saw the decease		June	,		our) apiniah dec	ith accurred on the da
		am the causes sta	ted abave. (I	) (We) (did) ( <del>did-no</del> t) v	tew the bady after a	leath.	loon to a	TE MONED
	23A. SIGNATURE	11)	)/-	Alte	nding Med.	C Shaff C	23B. DA	TE SIGNED
	free	Evrick f	1 silu	COL / POLONEE PRY	s. Ulrector			Frem 1, 1969
	23C. PHYSICIAM'S NAME (Type)		/	1/2	23D. ADDRESS	D. 7	Par	ace Marine
	FRED		VOLL	MER MD DEGREE	6100 70	RK JD, L	11521 1276	RETITED HAS
?4A	REMOVAL (Spec	cify)		AME of CEMETERY of CR	EMATORY	240, LOCATION	(City, lown,	or county) (State)
	Burial	6-11-6	9 Lou	don Park Cemet		Baltimore	, Maryland	
SA.	. DATE REC'D BY	1 7 1969	1258 MAME C	RECIETRAS	25C. FUNERAL DI			ADDRESS 01000
	301	17 6 1900	1	4 4 18	Howard H.	Hubbard,	∔107 Wilke	ens Ave. 21229



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
<del></del>		18016 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08009
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00000
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Type or Print)  And DATE KNOWN Month	Day Year 2b HOUR
\$ £ 6 € 75	,	CATHERINE FRANCES HILDEBRAND DEATH MATED X	19 M
any delay is 2, and 3 to PM3. Page partment of	3 S	AND THE PROPERTY AND TH	Year 10:10
and and M3.		female white December 15, 1949 19	Year 19 69 P M
ep 2.2.	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
hours after death any delay is them 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page tong with the State Department of offer deaths.		Maryland U.S.A. WIDOWED DIVORCED Baltimore	Md
orth th th	10. (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
de Wie P		Woodlawn Balto. Co. Gen. Hospl. Machine Operator	Md. Cup Corp.
s offer 148. Giving Swith the deaths	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CFTY OR TOWN 13d. HISDE CTY JM 152 13e. STREET AND NUMBER	
\$ 500 500	٥	doussion) ISTATE Mary land 13b County Baltimore Woodlawn YES No XX 3522 St. Jan	nes Road
Term Term Term Term Term Term Term Term	_	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		Lindwood H. Greenwalt Blanche A.	Staines
ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	3522 St. James
arni arni 2 h	()	(es, no, or unknown) (if yes give war or dates of service) 213-52-9333 Mr. Clarence A. Hildebrand 111	Rd.
KAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the word "pending" in pencil in Hem 18. Give Page ye 4 should be forwarded to the Chief Medical Examiner's Office along with your files.  age 3 should be used as a burial-transit permit. File pages and gwith the Staticemation, or removal, and in any event within 72 hours after death.		18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed ne word "pending" is a the Chief Medical burial-transit permit.		PART I. DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) Multiple Injuries	SCHOOL OFFI AND PERID
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INER: Ine cert shauld files: 3 shau notian,	MED	21d INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21f, cOCATION Street or R.E.D. No. City of Town	County Stump
AM e the our our ige	4	WHILE NOT WHILE X foctory, office building, etc.) AT WORK X Street Rolling Rd. S. of Orchard Ave.	
bical Examiner: ise execute the cert ectar. Page 4 shaul ined for your files. RECTOR: Page 3 shau a burial, cremation		22a. I certify that I took charge of the remains described above, held an Autopsyx, Inspection , Inquiry	
CAI ex d f d f Duri		death resulted fram. Natural causes Accident X. Suicide Homicide Undetermined manner	<u>/</u>
please I director retained I DIREC		CHIEF MEDICAL EXAMINER	
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o DEPUTY DICAL E		EXAMINER'S WETTER U. Spitz M.D.  NAME (Type)  ADDRESS (Street, city, town, or county)	
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page. Health, prior to burial, crem	230	BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town)	(County) (State)
F F	1	REMOVALISPECITY)  June 23, 1969 Evergreen Memorial Gardens Finksburg, Marial	
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VR A15ME (\$)	Lo	oring Byers Chapel 8728 Liberty Road 21133	an Jardge



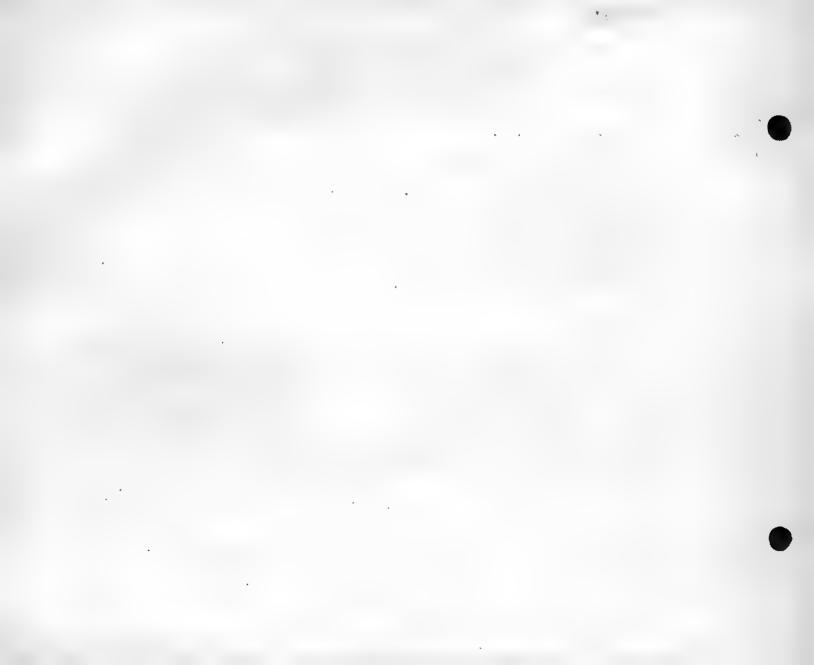
. 17	1		NO STATE DEPARTMENT OF HEALTH	
			, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
"	L		CERTIFICATE OF DEATH	08010
手を見事		CEASED NAME First Middle  ype or print) / / / / / / / / / / / / / / / / / / /	Last 20. DATE OF DEATH	2b. HOUR
\$ 1\ B = 8	L	LeoNard	Hill Juve 15	1969 5:10 AM
<b>1</b>	3. S	1 17766	5. DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR / IF UNDER 24 HPS
S de al	_	Male Negro	7-27-29   last birthday) 39 YRS.	MONTHS DAYS HOURS MIN
Page Page Hours of	70 cau	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED 9 COUNTY OF DEATH	<del>*************************************</del>
d I d I d I 72 1		J. C. M.S. J.	WIDOWED   DIVORCED   Baltimore	County Md
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cate Sicio Siea Jiea , an	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY  178 give war or dates of service)	Agaitis	
phy en avail		NO 219-22-	4643 Hospital Records, Mt. Wils	on St. Hosp.
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requires that the death certificate be executed within 24 g physician.  signed by the attending physician and campletely filled burial-transit permit. Then please remave carbon pape a burial, cremation, ar remaval, and in any event, within 72		PART 2. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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AN dal a dal a for Hec		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	Item 18)
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DING PHYS by the has (ffer this ce be detache State Dept	1	216. INJURY OCCURRED While Mat while at work at work at work at work.	(CIORY,) 21f LOCATION Street or R.F.D., No. City or Town	County State
the feel the feel		at wark at wark		
ATTENDING stand by the CTOR: After is should be digith the State		22a. I certify that (I) (this hospital) attended the decease saw the deceased alive an	red from 6-10, 1969, to 6-15, 19 1969, and that in (my) (our) opinion death occurred on the do	by, that (I) (we) lost
TEN DR: DR:		causes stated abave, (I) (we) (did) (did nat) view the	body after death	ore and nour and from the
ATTENIT Refamed ECTOR: A should with the		22b. SIGNATURE	226.	DATESIGNED
TAL OR ATTENION be retained AL DIRECTOR: A page 3 should be filled with the		[NIlwermy	DEGREE PHYS DIRECTOR PHYS	6.15.1960
May be Rain big be filled		22d PHYSICIAN'S NAME (Type)	22e. ADDRESS	
`/ <b>]로</b> ૄ <b>屁</b> 약名		WIIIIam Newcomer, M	.D. Mount Wilson, Maryla	nd
	230	BURIAL CREMATION, 236 DATE 23c NAME OF	CEMETERY OR CREMATORY 23d LOCATION, ((ity or Jown)	(Eaunty) (State)
50 5 0 W		100000 June 1/1/27 1100	my autum com Wedgeach	ma,
VR AIS AP	24	UNERAL DIRECTOR ADDRESS		a
45M 1/69		Jorden, Entretand 1/29,	1. Cartin GONUN 17 1939 Cliane	ey Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 nanis 08011 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 2b. HOUR p deoth. Lost 2g. DATE OF DEATH executed within 24 hours after deoth uhera 1, ånd (Type or print) Month Orris Hoffman Tune 1969 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 79RS DAYS HOURS female white Aug 3 . 1889 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) completely filled in Maine U.S.A. WIDOWED X D. VORCED Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USLA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Dulaney Towson Nurs ing Hone most of working the even if refired) remove corbon Towson 130. LSUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Maryland Luthervill Baltimore 1507 Charmuth Road and in ony 14 FATHER'S NAME First gud Middle Last 15. MOTHER S MAIDEN NAME First Lost physic on a John Lewis Levisa that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) burial, cremation, or removal, 198 10 0605 Dulaney Towson Nursing Home, 111 West Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) ) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave a rise to immediate couse (a). physician. DUE TO, OR AS A CONSEQUENCE stating the underlying couse, signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stooled be filed with the State Dept. of Health prior tall 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗀 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from unity, 1964, to June 16, 1964, that \_19 (my) (our) opinion depth occurred on the date and hour and from the sow the deceased alive on (puses stated above (1) (se) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. York Rd. Lutherville, Md. 22d. PHYSICIAN'S George T. Gilmore M.D. 23e BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 6/19/69 Greenmount Crematory Greenmount Ave Balto. Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Mitchell Wiedefeld Home 6500 York Rd. Millander Judge DAHUN 2 3 1969



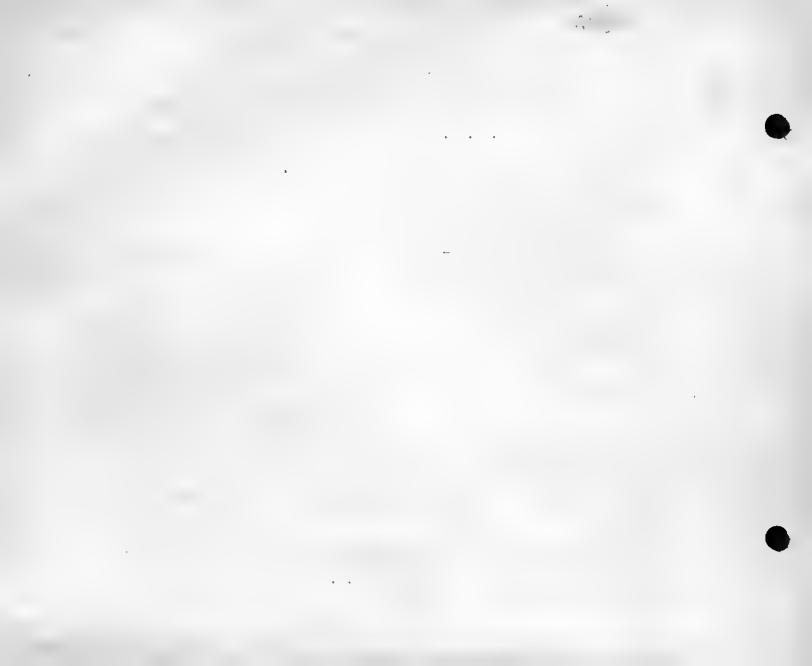
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	CIAN: outal or tificate of for us	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	HOUR A.M. Month Day Yea	21c HOW INJURY OCCURR	RED (Enter nature of injury in Port	t 1 ar Port 2 Item 18.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	ME	2 d N.JRY OCCURRED 21e. Pl While Nat while at work at work	LACE OF INJURY ( AT HOME FARM, STREET F. OFFICE BUILDING, ETC.	ACTORY ) 21f. LOCATION Street or	r R F D. No. City or Town	County State
	ed by to the state of the state		saw the deceased oliv	hospital) attended the deceo	19.5 and that in (my) (	, 19 <u>69</u> , ta <u>go operat</u> (our) opinion déofh occurred	d on the dote and haur and from the
	R ATTE retain RECTOR 3 shou with th		22b SIGNATURE	(I) (we) (did) (did not) view the	ATTENDING	MED STAFF	22c DATE SIGNED
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	O HOSPIT Poge 4 mm O FUNERA director, 1	23a	BURIA, CREMATION. 23b DA	TE 23c NAME OF	CEMETERY OR CREMATORY	Baltimore, Ma	
	VR A15 (4)	24	REMOVAL (Specify) 7- FUNERAL DIRECTOR Shaller Conk	15 1767 OAK Nine 5444 BELL		o RECO BY REGISTRAR 25b	REGISTRAR'S SIGNATURE  YCLIONIAN JUNGS
	171						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08013 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Marie F. Homrighausen June 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JNOER 24 HRS. last birthday) 9/28/78 Female White To. BIRTHP, ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED T NEVER MARRIED Maryland U. S. A. WIDOWED | D.VORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)

opring Grove State Hosp during most of working life, even if retired ) Catonsville 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JANJES? 13e STREET AND NUMBER odm ssion) STATE Maryland 136 COUNTY YES 🖅 NO Baltimore 4516 Manordine moad **III FUNITRAL DIRECTOR:** After this certificate has been signed by the attending physician and callector, page 3 should be detached far use as the burial-transit permit. Then please remits should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First First Middle Last Charles Nora 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, or unknown) Records -- Spring Grove State Hospital APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c), PART I. DEATH WAS CAUSED 8Y: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) gang rene 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🗍 NO TX 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FALTORY) 21E. LOCATION Street or R.F.D. No. City of Town County State While Nat while at work 22c DATE SIGNED 6-6-69 226 SIGNATURE ATTENDING PHYS MED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Diomidis Pirovolidis, M.D. NAME (Type) Spring Grove State Hospital 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o, BUR AL, CREMATION (Stote) (Caunty) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE JUN

MARYLAND STATE DEPARTMENT OF HEALTH





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st					CATE OF DEATH	money manifesto X1201	08015
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in 24 hours after death	(OL	8IRTHPLACE (State or fore gn intry) Austria	75 CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOW		9. COUNTY OF DEATH Baltimore	County
within 24	3	CITY OR TOWN OF DEATH Baltimore	11 NAME OF HOSPITAL ( g.ve street address) GBMC			NE OCCUPATION (Kind of work done ast of working life, even fretired) OPER	12b KIND OF BUSINESS OR INDUSTRY Steel
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rtificate b obysician en please ival, and i	160	O. WAS DECEASED EVER IN U.S. AR Yes, no. or unknown) (If yes give	twar or dates of service) 16b SOCIAL SECU 213-09		Informant Ins. Helen Hor	neman 4204 Seide	l Ave.
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ING PHYSICIAL by the hospital for this certificat be detached for state Dept. of H	3		PLACE OF INJURY ( AT HOME FARM, STRE OFFICE BUILDING, ETC	ET FACTORY ) 21f.		City or Town	Caunty State
0-2-0		220. I certify that (t) (the saw the deceased of causes stated above	his hospital) <u>stended the</u> dec alive an e, (I) (we) (did) (did nat) view	eased from _ 1969, o	5-27 , 19	69, ta_ 6=15, 19 nion death occurred on the do	69 , that (I) (we) las
OR ATTEN be retained DIRECTOR: / le 3 shauld ed with the		226 SIGNATURE Charles	es C. Beoen, n			220	DATE SIGNED 5-15-69
SPITAL of may be be may be drive page drive file		22d. PHYSICIAN'S NAME (Type)		SROWN,	220 ADDDESS		
TO HOSPITAL Page 4 may TO FUNERAL director, page	230	destruction of the		of CEMETERY C	r crematory Cemetery	23d LOCAT ON (City or Town) Parkville, Md.	(County) (State)
VR A19 41	24	FUNERAL DIRECTOR Ullrich Funera	al Home 4210 Bela		25g REC'D BY	REGISTRAR 1969 256 REGISTRARS	Can Burga

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12	1		01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	u I
			ERTIFICATE OF DEATH	08015
death. neral and 2 death.		ECEASED-NAME First Middle (Ype or print) CLAUDE LEE	HOS FORD 20. DATE OF DEATH  Month 5 Day 6	Yeor Somm
offer offer	3. Si	MALE WHITE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS M.N.
Taurs Pours Pours	70 cou		MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 ling per per 772		Missouri USA	WIDOWED DIVORCED Baltimore	Md.
y fille	1	CITY OR TOWN OF DEATH  Catonsville  Catonsville  Catonsbury Re	TUTION(If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
d wi	30	uSUAL RESIDENCE (Where deceased lived of institution: Residence herore 11:	ISC. CITY OR TOWN 13d INSIGE CITY LAWITS? 13B. STREET AND NUMBER	Armour & Co.
campl	adm	ission) STATE Laryland Var COUNTY Anna Arunde	VECTOR NO.	n Road
* P # 5	14.	FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle	Lost
Fail Fail	L	William Hosford	UNKNOWN	
sicio plea , an	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no., or unknown) (If yes give wor or dates of service)		
phy en aval			Mrs. Virginia Cromwell, same as	13 (Daughter
ing and the contract of the co	1	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	District Office Man AA	BETWEEN ONSET AND DEATH
lend mit.	П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	SCLEROTIC CEREARO VASC DIS.	TYPS:
he aff	П	ODUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave)		' /
at the nsit ma		rise to immediate couse (a).		
d by		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.		
and and a series of the series		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
Tree by the base of the base o	=	DIABETA	ES MELLITON-	
bee the right	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO		SIDERED IN CERTIFYING
The pass start	CERTIFICATION		YES NO CAUSES OF DEATH?	
AN: If ar rate ar u teal		21 G. ACCIDENT WAS UNDERLYING 21 B. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
Pitch of the first	MEDICAL	(If either, notify medical examiner) P.M. 19		
HY has is ce fache	2	21d INJURY OCCURRED While Nat while at wark at wark	RY.) 21f LOCATION Street or R.F.D. No City or Town	County State
a te de la te dela te de la te dela te de la te	Ł	at wark at wark (1) (abis board at )	5/13 10/15 10/	S Abox (IV ( 1 L
Affe Affe Stc	ı	saw the deceased alive an 1913 67 191	from 5/2, 1960, to 6/5, 1965, 1965, and that in (my) (aur) apinian death acturred on the date	and hour and from the
OR: outle		consessioned apare, (i) (we) (aid) faid koi) now the po	Jay otter deam.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transplanted by the filed with the State Dept. at Health priar ta burial, creating the state Dept.		226 SIGNATURE Part R Zuresta )	DEGREE PHYS DIRECTOR STAFF 222. DAT	F SIGNED
AL (AL D)		22d PHYSICIAN'S	22e. ADDRESS	The street
O HOSPITAL Page 4 may O FUNERAL director, pag	<u>_</u> .	NAME (Type) PAUL RZIEGLER	2 2902 CHES HUT HILLYDA	His Collection
HO FUP	230.			(County) (State) 5 ~
01 01 D 8	0.4	REMOVAL (Specify) 6-7-69 Meadowr:	idge Nemorial Park Elkridge Hov	ward Md.
VR A15 A		funeral Director he Kirkley Funeral Home, A21 Crain Glen Bur:	HWY . S.E. 25d. REC D BT REGISTRAR S SIG	O C-O
		Turney Tunerar Home, Glen Burn	nie, Md. 1944 g 1969 Wilsonlas	Total Control



1	1	08024	DIVISION				ARTMENT O N Street, ba	IF HEALTH ALTIMORE, MARY	LAND 21201			
FOR STATE			`					E OF DEATH			08017	,
HEALTH DEPT.		DECEASED NAME Type or Print)	First JAMES		Middle E.		HOVIS		2a DATE KNO OF EST DEATH MAT		Doy Yeor e 5, 106	9 3 30 A
any delay is 2, and 3 to PM3. Page	3 S M.	ele	4 RACE White	S DATE OF BIRTH		AGE (In yours	MONTHS DAY		2c DATE PRON Month	Day	Year 1969	2d HOUR
- E 9		BIRTHPLACE (Store		b citizen of what U.S.			RRIED NEVER		NUNTY OF DEATH			Mi
after death Size Pages 1, olong with farm	10.	city or town of under 1 kc	DEATH	11 NAM give stre	E OF HOSPITAL et oddress) 2	or institution 527 Li	berty Pa	Ark may most	OCCUPATION (Kind of working life, e	af work dane ven if ret red)	126 KIND OF BUINDUSTRY Bra	SINESS OR
e si si si	13a c	USUAL RESIDENC idmission) STATE	E (Where deceose Maryland	d lived, if institution 136 COUNTY B	n Residence b	efore 13c CITY  Dun	or town da.lk	AEZ WO 139 INZIDE C LA FIWI.25	13e. STREET AN		Parkway	
24 bours in free 1 r's Office es Land 2 urs ofter	14.	FATHER'S NAME	James	Middle E .		ovis	1S MOTHER'S A	MAIDEN NAME Firs		Middle May	Wed	dle
within 24 pencil in xaminer's ile pages 72 hours	160	WAS DECEASED EV	ER IN U.S. ARMED F	ORCES? Jor or dates of service)	SOCIAL SECUR		7. INFORMANT Mrs. Ame	elia M. Ho		ADDRESS 27 Libr	ty Parkw	ay
INER: This certificate should be executed within 24 be certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's files.  3 should be used as a burial-transit permit. File pages nation, at removal, and in any event within 72 hours		18 CAUSE OF PART I. D	eath was caused	TE CAUSE (o)	CO	una	y 00	elys	uni-		APPROXIMA BETWEEN ONSI	E INTERVA. IT AND DEATH
shauld be e te word "pen to the Chief A burial-transit in any even		Canditions, if a rise to immedi stating the un	ate cause (a),	(b)	A CONSEQUENT	1-5-	-C-V	- 1	Islan	<u></u>		
cate shauld go the ward ed to the C s a burial-tr		PART 2 OTHER S	IGNIFICANT CONDI	(c)	TO DEATH BUT	NOT RELATED	TO THE TERMINA	L DISEASE OR CONDIT	ON GIVEN IN PAR	T 1(o)		
certificate writing the invarded to seed as a mayal, and	NO	, 190 DATE OF O	200	1,6	CONDITION S	200	v3				Landing	
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INER: This e certificate should be files. 3 should be followed be followed by the following the foll	MEDICAL CF	CAUSE OF DEATH	R CONTRIBUTING [	P.M.		19		OCCURRED (Enter not	tuse of intury in P	ort 1 or Part 2,	item 18.)	
XAM XAM Je 4 your your uge crem	W	21d. INJURY OCCURRING MINIE NO. AT WORK A	T WHILE for	EACE OF INJURY (At large, office building,		eet,	REF. LOCATION Stre	eet or R.F.D. No.	City or for	wn	Caunty	Stote
ICAL ES e execu tor. Pag ed far ed far CTOR: P			certify that I to sulted from:	ak charge of the Natural causes		cribed abav dent [],	e, held an Au Suicide 🔲		nspectian //, Undeterm	Inquiry Family		my apinian
DEPUTY BICAL E ressary, please exert e funeral director. Po may be retained for may be retained for ealth, prior to burial,		ACTUAL SIGNATURE	n	180	an	8		CHIEF MEDICAL EXAMI ASS STANY MEDICAL EX DEPUTY MEDICAL EXAM	(AMINER	22b. <b>DAT</b>	E SIGNED /69	,
o DEPUTY necessary, the funeral s may be n O FUNERAL Health, pri		EXAMINER'S NAME (Type)	M.B.	Davis, M	.D.		68	ADDRESSISTEED LIVE	down correction )	Ro Du	ndalk. M	d. 2/22
<b>ひ</b> ません <b>ひ</b>	_	REMOVAL (Spec-	10N, 23b fy) <b>J</b> 1		23c. NAM 69 Oa	k Lavn	or crematory  Cemete	ry	Colgat	e, Md.		State)
VR A15ME (\$)		Funeral directi Ulrich		lome, Dunc		doress		250 REC'D BY R	egistrar 2	Stollers		



MARYLAND STATE DEPARTMENT OF HEALTH 08025 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08018 CERTIFICATE OF DEATH 20. DATE OF DEATH 1 DECEASED-NAME First 25. HOUR deoth. be executed within 24 hours ofter death. puo (Type or print) Month / 3 Day YERNOH DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years IF UNIDER J YEAR IF LINCER 24 HRS. lost infinday) JAN.19, 1916 please remove carbon papers. Pagel, and in any event, within 72 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED LINEVER MARRIED physicial and completely filled in DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g USBAL OCCUPATION (Kind of work done 126 KIND OF RUSINESS OR during most of working ife\_even if retired) DeeR 00 Rd 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY BA odmission) STATE 3205 STLUKES LANC 21207 or removal, and in any 14. FATHER'S NAME S MOTHER'S MAIDEN NAME First Middle Last requires that the deoth certificate Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Yes, no or unknown) (if yes give war or dates of service) 3205 214-03-666 ST. LUKES LANC AGNES APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ANTERNOSENEROTIC CARDIO VASCULAR signed by the buriol-tronsit p Conditions, if any, which gove ) rise to immediate cause (o). stating the underlying couse WETH 2 PREVIOUS INFRECTIONS burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) os tille Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been prior to 190, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO T for ≣se State Dept. of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 2To. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (II) (this haspital) attended the deceased from September 1964, to 6-13-, 1969, that (II) (we) last saw the deceased alive on 1969, and that in (my) (aur) apinian death accurred an the date and have and from the should causes stated abave (1) (we) (did) (did pot) view the bady after death. 226 SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR director, poge should be filed DECKELBAUM, H.D. 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 230 BUR AL, EREMATION 23b DATE (County) (Stote) NATIONAL 2So. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR



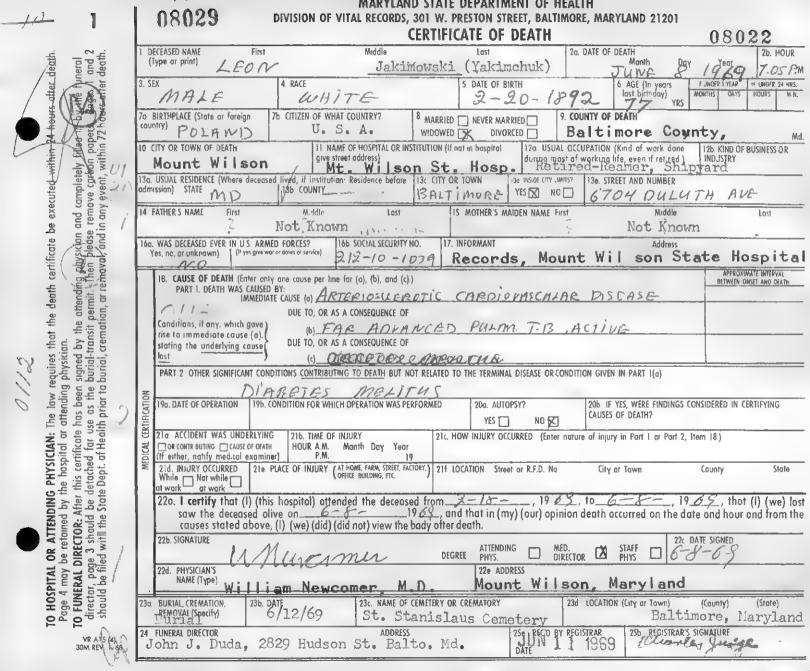
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1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	8020
death death		DECEASED NAME (Type or print) Catherine Hutchens (Hitchins) Lost 20 DATE OF DEATH Month 12/000	Yeor 8:15 M
	3. 9	last birthday) (MONTHS	ER YEAR IF UNDER 24 HRS DAYS HOURS NUN
24 hours office of the pers. Page 772 hours aff	70	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
24 h		Maryland Vu S. A. WIDOWED D. D. VORCED Balto.	Md.
within album pour with r	L	Catonsville 1206 McCurley Ave during most of working life, even if retired) IND	KIND OF BUSINESS OR DUSTRY
e executed and complet remove con any event	odn	o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c (ITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. (OUNTY Balto. Catorsville YES NO 1206 McCurley 1	Ave.
be ex n and se rem	14	FATHERS NAME First Middle Lost IS. MOTHERS MA DEN NAME First Middle Benjamin Thuman Mary M. Gross	Lost
irtificate be physician of en please oval, and in	160	(b) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or detes of service)  O  O  O  O  O  O  O  O  O  O  O  O  O	Ave.
equires that the death certificate be executed physician. Signed by the attending physician and cample burial-transit permit. Then please remove calburial, crematian, ar removal, and in any event		Conditions, if only, which gove inse to immediate cause (a).  Conditions, if only, which gove inse to immediate cause (a).  Conditions, if only, which gove inse to immediate cause (a).  Conditions if only, which gove inse to immediate cause (a).  Conditions if only, which gove inse to immediate cause (a).  Conditions if only, which gove inse to one down the terminal disease of conditions given in Part 1(a).  Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in Part 1(a).	APPROXIMATE MYCRYAL BETWEEN ONSET AND DEATH  5 71754
The law ratending has been as the h prior to	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES \( \text{NO AUTOPSY?} \\ \text{CAUSES OF DEATH?}	REO IN CERTIFYING
IJAN tal o ficat for free	MEDICAL CER	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  If either, notify medical examiner)  P.M.  19	}
	×	While Not while of work of work	•
ATTENDING retained by t ECTOR: After 8 should be c with the Stati		220. I certify that (I) (this hospital) attended the deceased from 1965, to 6/22, 1965 saw the deceased olive on 1969, and that in (my) (our) opinion deoth accurred on the dote and causes stated above, (I) (we) (did) (did nat) view the bady after death	, that (I) (we) lost have and from the
S S S S S		226 S GNAIDRE WED STAFF COLOR MED DIRECTOR DIREC	2/69
ro Hospital. Page 4 may O FUNERAL ( director, page 4 shauld be file.		NAME (Type) Dr. Thomas E. Roach 5550 Baltimore National Pike	
TO HOSPI Page 4 n TO FUNER director,		n. B. RIAL (REMATION, PARTIES AND ATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Countries And Countries And	nty) (Stote)
VR A15 VA) 45M 1769		tzke, 4101 Edmondson Ave., 21229  ADDRESS  250 REC'D BY REG STRAR 255 REGISTRAR'S SIGNATION AT 1969	URE .



. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
].	00000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X/	119000	CERTIFICATE OF DEATH	08021
1 <i>€ /</i> \[	DECEASED NAME First		1/0 26 HOJR 3
	(Type or print) Georg	LIA LEE I 9/CHARY JUNE Month 22 DON	16 91ear 1:40 9M
3	3. SEX	4 RACE S DATE OF BIRTH 6 AGE (In years	IF JINDER 1 YEAR   IF LINDER 24 HRS
	F	W 3ct. 2, 1896 last birthday) VRS	MONTHS DAYS HOURS MIN
7	a BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?  B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED BALAO.	Cacrety
Ī	O. CITY OR TOWN OF DEATH	13 NAME OF HOSPITAL OR INSTITUTION (If not in hospita.   12a USUAL OCCUPATION (Kind of wark done	12b K ND OF BUSINESS OR
K	CatonsoillE	give street address) Summit during most at working if ever in febred)  CASHIER MOVIE	INDUSTRY THEATRE
		ised 1949, if institution Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
Ľ	ismission) STATE M. Q.	13H COUNTY Howard Ellico H YES NOR 5 GOODEO	St
1	4 FATHER'S NAME First	Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
	WAITER	Dennis ALICE DWYER	
1	160 WAS DECEASED EVER IN U.S. AR Yes, no. or unknown) ("Tyes give		IAMON'S BARCAL
L	No	war or dates of service) 2/2-34-5375 MRS ELIZABETHICATIN	0 9176
ı		nly one cause per line for (a), (b), and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
1	PAKI I. DEATH WAS CAUSE	LATE CAUSE (0) FNDOMETRIAL SARCOMA = JOUNSIC	व
1	1020	DUE TO, OR AS A CONSEQUENCE OF	
П	Conditions, if ony, which gave use to immediate cause (a),	(b)	
ı	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	
П	losf .	) (0)	
1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
	19g, DATE OF OPERATION 19b.	CANDITION FOR HUNCH OARNINGS WILL PROPORTED.	
l	E ITAL DATE OF OPERATION TYP.	. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	19a. DATE OF OPERATION 19b.	TES NO NO	10.1
		HOUR A.M Manth Day Year	item (B.)
	G CAUSE OF OFA  (If either, notify medical exomination of the control of the cont		(
	While Nat while at work	PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town	County State
		his haspital) attended the deceased from 6/16 1961, to 6/22 19	69, that (1) (we) tast
	saw the deceased of	ative on 6/2/ 1967 and that in (my) (and opinion death accurred on the da	te and haur and from the
l		e, (I) (we) (and) (did nat) view the body after death.	TO GIVE HOOF WHAT HOME PAGE
l	226 SIGNATURE	ATTENDING MED STAFE	DATE SIGNED
L	E. Co	DIRECTOR PHYS 6	122/69
L	22d PHYSIC AN S NAME (Type)	ACA TO SA DDRESS LEO The delical	- Add
-		1 of or of Jack more, and 210	<u> </u>
2	3a BURIAL, CREMATION, 23b REMOVA, (Spec fy)	DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town)	(County) (State)
19	BURTAL O	WOLLD THE WAY	SGE MD.
1	Caston Hin	MONSTER BODRESS, MATTER 1223 250 REGISTRAR S	to Judge
1	A	DAIC	U V







	1	1	08030	DIVISION OF VI	TAL RECORDS,	7 31AIE 301 W. PI	RESTON STRI	EET, BALTIMO	LTH RE. MARY	LAND 21201	001	
	-	L					ATE OF D		,		081	323
	death. neral and 2 death.		DECEASED NAME First Type of print)		Middle		Last	20	DATE OF DE			2b HOUR
	ours after death by the funeral Pages 1 and 3	$\perp$	Rather				Jansen		June	Manth 4 Day	1969	8:45 M
	offer fu	3. 9		4. RACE			S DATE OF BIR		6.	. AGF (In years lost birthday)	IF UNDER , YEAR MONTHS DAYS	IF JHDER 24 HRS NOURS MIN
	hours hours	70	Female BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT	hite	0		1-04		64 YRS		
		car	MXXXX Ireland	U.S.A.	COUNTRY	MARRIED [ WIDOWED ]	NEVER MARRI		DUNTY OF DE Saltimo			
	filled in papers	_	CITY OR TOWN OF DEATH	II NAME	OF HOSPITAL OR INST	TUTION (If no	at in haspital	12a USUAL OC	CUPATION (K	nd of wark done	12b KIND OF B	Md SINESS OR
, , , , , ,	ely f ban with		Baltimore	al Street	e doeseph H	ospita	al	during mast at	warking life	e, even if retired )	INDUSTRY	03111123 08
	executed within and campletely fill emaye carban pany event, within	13a adn	USUAL RESIDENCE (Where decease ssion) STATE Maryland	d luced function	Residence before	13c CITY OR	TOWN 13	YES NO NO	13e STREE	T AND NUMBER 5 Bauernw	#2127	nue
	ony on y		FATHER'S NAME First	Middle	Last	IS	MOTHER'S MAJE	DEN NAME First		Middle		Last
	ate l		WAS DECEASED EVER IN U.S. ARME		b. SOCIAL SECURITY NO	17	NFORMANT			Address	212	7 2
	physi pen pl aval,	-		or dates of service)		Mr	s. Lou	uise Eb	erwei	in 16.0	Sherwo	od Av
	he death ce attending p permit. The		1B CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED	BY.		ensti	incufí	ficiency			BETWEEN OR	ATE INTERVAL SET AND DEATH
	dec itten in, ar		5 7 A J SMMEDIAT	E CAUSE (a)		epatit	THOULI	terency		-		
	nt the cast properties	П	Canditians, if any, which gave	(b)	Severe	acute	hepatit	is				
	that an. by 1 rans rans		rise to immediate cause (a), stating the underlying cause	1 1	CONSEQUENCE OF						1	
	equires tha Ehysician. signed by burial-tran. burial, cren		last.	(c)								
7	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending systician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an director, page 3 shauld be detached for use so the burial-transit permit. Then please reshould be filled with the State Dept. af Health prior to burial, cremation, ar remaval, and in	N. N.	PART 2 OTHER SIGNIFICANT CONE	ITIONS <u>CONTRIBUTING</u>	G TO DEATH BUT NOT	RELATED TO	THE TERMINAL (	DISEASE OR CONDIT	TION GIVEN IN	PART 1(a)		
1	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use ■s the shauld be filled with the State Dept. af Health priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b (	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPS	Y? NO 🗍	20b. IF YES CAUSES OF	S, WERE FINDINGS CO DEATH?	NSIDERED IN CEI	RTIFYING
2	Or are		21a ACCIDENT WAS UNDERLYING			21c. HO		_	re at injury ir	n Part 1 ar Part 2, It	em 18.)	
	SICIA spita erriffe ed fa	MEDICAL	OR CONTR BUTING CAUSE OF DEATH	r) P.M	Nonth Day Year							
	the har this ce detache	×	While Nat while		HOME, FARM, STREET, FACTO ICE BUILDING, ETC.	1			City ar		County	State
	by the Stat		220. I certify that (t) (this saw the deceased alicauses stated above,	haspital) attend	ed the deceased	from	0-3-	1909	, to_ 0-	4- , 19	69 , that	🙀 (we) last
	Red ined the the	1	causes stated above,	(I) (we) (did) (did	not) view the bo	<u> </u>	i thót in <b>hog</b> y) leath.	(our) opinion	death occi	urred on the dot	e <b>o</b> nd hour a	nd from the
	ECTC Showith with		226 SIGNATURE	00	· MS	`	ATTENDING	- AISD	61	22c D.	ATE SIGNED	
	DIR DE	1	Mu	Ma	112	DEGRE	E PHYS	DIRECT(	OR P	HYS A	6-5-69	
	May RAL Pop		22d. PHYSICIAN'S NAME (Type) Ines Ci	174-mi M	D		22e. ADDRE		Pond	Towson. M	A 2120	h
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	230	BURIAL, OCEMATION, X 23b. DA		23c NAME OF CE	METERY OF				City or Town)	(Caunty)	(State)
	5 Pag		REMOVAL (Specify)	5-7-69			n Cem			• Md.	(county)	(alule)
	VR AISTA		FUNERAL DIRECTOR		ADDR£55		2	Sa. REC'D BY REG		25b. REGISTRAR'S S	IGNATURIO	LaR.
	45M - 1 699	L	eonard J Rucl	k Inc. B	alto. Mo	d.		DATE JUN	9 196	9		7



T STATE	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08024
1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME (Type or Print) Edward L. Johnson OF ESTI	ray Year 2b HQUE
3	(Type or Print) Edward L. Johnson OF ESTI DEATH MATED JUNE .  SEX 4. RACE S. DATE OF BIRTH BIS MONTHS DAYS HOURS MIN. Day  W 14/10/03 PRS MONTHS DAYS HOURS MIN. Day  When the destruction of the control	7 189 PM
60	o BIRTHPLACE (Stote or foreign   75, CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEATH   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   10	ME
	Paltimore   give street oddress) St. Joseph Hosp. Route Salesman New	b. KIND OF BUSINESS OR DUSTRY JSPapera
	admission) STATE Maryland COUNTY Baltimore Baltimore Baltimore 13c (ITY OR TOWN 3d MSGOE (ITY LIMES 2) 13e. STREET AND NUMBER 2405 Hillford	Dr.
		Koerber
	(Yes, no, or unknown) (If yes give wer or dates of service) 231-01-6/181 Mrs. Blanche Johnson (S	ame]
2	18. CAUSE OF DEATH (Enter anly one couse per line far (a) (b) and (c) )  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a). Starting the underlying cause lost  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART I(a)	ERTWEEN ONSELAND DEATH SUCCES
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO NO
MEDICAL CE	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
	ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  WHILE AT WORK AT WORK foctory, office building, etc.)  ACTUAL SIGNATURE  Foctory, office building, etc.)  ACCIDENT	ond in my opinior
23	REMOVAL (Specify)	ounty) (State)
	4. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Fid. 21214 DATE: UN 9 1969 FEGISTRAR'S SIG	

or 1 m was as.

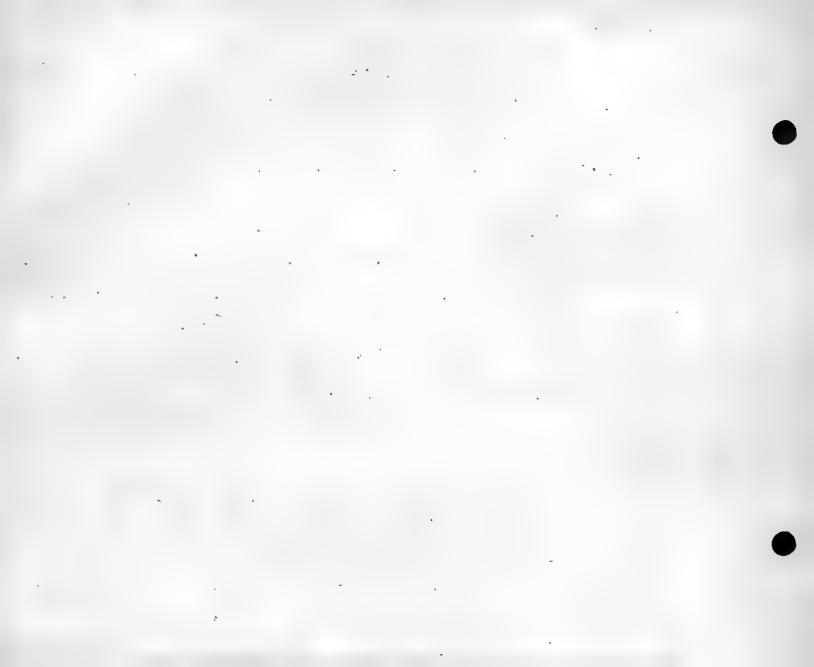


1 / 1	00020		D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIF		
1/	08032		ERTIFICATE OF DEATH	MORE, MARTLAND 21201	08025
	DECEASED-NAME First (Type or print) Florer	Middle	Lost	2a. DATE OF DEATH 6 Month 20 Day	2b. HOUR
l ond er deat		ice	JONES		7 7 4 4 7 10
a <del> </del>	Female	Negro	S. DATE OF BIRTH 11/11/09	6. AGE (In years last by by by yes.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
76. Ear	BIRTHPLACE (State or fareign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 WIDOWED DIVDRCED	COUNTY OF DEATH Baltimore	
10.	CITY OR TOWN OF DEATH TOWS ON	11 NAME OF HOSPITAL OR INS g ve street address)	TITUTION (if not in hospital 12a USUAL during mas	OCCUPATION (Kind of work done stof warking life, even if setzed)	12b KIND OF BUSINESS OR INDUSTRY
13o. odn	. USUAL RESIDENCE (Where deceased	Greater Balto Lived, if institution: Residence before	136 CFTY OR TOWN 13d. INSIDE CITY LIM	157 13e. STREET AND NUMBER	1 A
	r'ssian) STATEM di	13b COUNTY	paetimore YES NO	50/2 Bu	ynn dak
3 14	FATHER'S NAME John	Middle Watt	15 MOTHER'S MAIDEN NAME FIRE	e allen	Lost
160	o. WAS DECEASED EVER IN U.S. ARMED Yes, no, or Unknown) (If yes give were	D FORCES? or dotes of service) 16b. SOCIAL SECURITY N	10. 17 INFORMANT	Jones 480	5 Belle au.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 8	ane cause per sine far (a), (b), and (c) )		/	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
	2011V IMMEDIATE	CAUSE (a)Gas	stro-intestinal blee	eding	
cremotian,	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	lastic anemia		
	rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	idotit ditenita		
	last.	(t)			
FICATION		TIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	T RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
/	21a ACCIDENT WAS UNDERLYING	LOTE WHAT OF HUMBY	YES K NO	CAUSES OF DEATH?	
ED CAL (	OR CONTR BUTING CAUSE OF DEATH	275 TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY DCCURRED (Enter I	nature at injury in Part 1 ar Part 2, It	em 18)
	21d. INRY OCCURRED 21e. PL While Not while of work	ACE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	22a. I certify that (1) (this	haspital) attended the decease	d fram	) , ta	69 , that (I) (we) last
	causes stated above, (	1) (we) (did) (did nat) view the b	oady after death.	accorded the high	e and havi and train the
1	22b SIGNATURE	no Ata- male	DEGREE PHYS DIR	D STAFF	ATE SIGNED
/	22d. PHYSICIAN'S NAME (Type) Prodices	The state of the s	22e. ADDRESS		une 20, 1969
	Rudige	er Breitenecker, M		arles St. Balto.	
	BUR AL CREMATION, 23b DATE	23/69 Casu	er Mem. Th.	23d LOGIT ON (City or Town)	(County) (State)
24 €	Philips 5	Funeral Has	17247), 250. RECD BY NO MONTHS SE DATE JUN	REGISTRAR 25b, REGISTRAS 5 1969	SIGNATURE SOLDER
Take .					



- 2	L	00000		TLAND STATE DEPARTMENT OF		
7	+	08033	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BA		
	L			CERTIFICATE OF DEATH		08026
₹ ~2.₹			rs1 Middl	e Lost	20. DATE OF DEATH	2b. HOUR
within 24 hours after death ely filled in by the funeral bon papers Pages 1 and 2 w thin 72 hours mer death	L	Type or print)	ES TRANC	is JORDAN	JUNE D	19 19/19 12415
Ter Ter	3 5	EX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
ps (Figure )		MALE	Negro	576/10	last birthday)	MONTHS DAYS HOURS MIN
had a safe	70	B RTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	Y. COUNTY OF DEATH	
in 24 h	1	BALTIMORESM	d. U.S. H.	WIDOWED DIVORCED	Baltimore Con	
within 24 silled in 72 within 72	10.	CITY OR TOWN OF DEATH	PF NAME OF HOSPITA	f disease	SUAL OCCUPATION (Kind of work done mastrof work ng jija aven Fretired)	126 KIND OF BUSINESS OR INDUSTRY
		t. Wilson	p.ye street address)	son State Hosp during	IMDOKER	) INDUSTRY
complete over corty	odn	USUAL KES DENCE (Where deci	eosed lived, if institution. Residence	before 13c CTY OR TOWN 13d INSIDE CIT		
and cam	14	Md:	REISTERSTOWN		- CHLINIDEN	CLANE
one exec	14.	FATHER'S NAME First	Middle	Lost IS MOTHER'S MAIDEN NAME		Lost
ician cilease and it	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES?   166 SOCIAL SE	CLAK		EDWARDS
requires that the death certificate be executed physician.  signed by the attending physician and cample by the attending physician and cample build-transit permit. Then please remove to a burial, cremation, or remayal, and in any even		'es, na, ar unknown)   (If yes gr	ve wer or dotes of service)	5-0148 Hospital Rec	cords, Mt. Wil:	son St. Hosp.
ph pen nav	-	Lie calles of Pearly (5	NB G	o or to nospital kee	cords, Mc. HIII	son St. Hosp.
he death certific attending phys permit. Then pion, or remaval		PART I. DEATH WAS CAU	on y ane couse per line for (g), (b), ISED BY:	ond (c)		BETWEEN ONSET AND DEATH
dea Hen rmit 1, or		IMME	DIATE CAUSE (a)	chopheum one	Alsomal metait	,
t the attention to the attention sation		Conditions, if any, which gav	DUE TO OR AS A CONSEQUE		1 deval in	
rat y th insi	1	rise to immediate cause (o	(b)		ct of rogphagus with	V
* # 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		stating the underlying caus lost.	BOE TO, OK AS A CONSEQUE	NCE OF		
aquires the physician. signed by burial-trar	П	PART 2 OTHER S.GNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE O	P CONDITION GIVEN IN PART 1(a)	
	_	Seven	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ructive airway Diser	* *	
The law rather and the seen seen seen the prior to	ATTO	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
Se of the pion of	CERTIFICATION			YES NO [	CHICEC OF DEATHS	
g ear a e s		210 ACCIDENT WAS UNDERLY		21c HOW INJURY OCCURRED (En	ter nature of injury in Port 1 ar Part 2	, Item 18)
ATTENDING PHYSICIAN: The law etained by the haspital or attendin CTOR: After this certificate has bee should be detached far use as the rith the State Dept. of Health prior the should be detached far use as the state of the st	MEDICAL	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M Month Day miner) P.M.	Yeor		,
AYS has price	星	0.1 to 10.111.00 to 10.10 to 1		TREET FACTORY.) 21f. LOCATION Street or R.F.D. N	Va. City or Town	County State
Te e a fa a fa	П	at wark of work		1	10 1	
Charle of the land	Н	22a. I certify that (I) (	this haspital) offended the d		67, 10 June 19 1	9 <u>69</u> , that (1) (we) last
SEE SEE	П	saw the deceased	ve, (I) (we) (did) (did nat) vie	1969, and that in (my) (aur) a	pinion death accurred on the d	late and haur and from the
Tan Basel	П	225 SIGNATURE	*c, (i) (**c) (ala) (ala ilai) *le	w me body oner deam.	22/	DATE SIGNED
PITAL OR ATTENDING PHYSICIAL  1 may be retained by the haspital  ERAL DIRECTOR: After this certifice  17, page 3 should be detached fail  18 tiled with the State Dept. of He	Н	11/	Muchmy	DEGREE PHYS	MED STAFF DIRECTOR PHYS	6/19/69
AL D	1	22d PHYSICIAN S	· N	an Appress		
ERA d be		NAME (Type) W	iam Newcomer,	M.U, Moi	unt Wilson, Ma	ry'l and
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us shauld be filed with the State Dept. of Health	230	BURIAL, CREMATION, 231	DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d_ LOCATION (City or Town)	(Caunty) (State)
20 2 3	L	4/10	5/23/69 St.		Reisterstown,	
VR A13/14) 45M 1 69	24	FUNERAL DIRECTOR	A	DDRESS 2Sp RECD	BY REGISTRAR 25b REGISTRAR 9 9 1000	S SIGNATURE
45M 1'69		goigine ( )	ons, Reisterstow	n. M. DAIUN	2 3 1969 fillian	70





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08028 CERTIFICATE OF DEATH 1. DECEASED-NAME First Midd e Last 20 DATE OF DEATH 2b. HOUR (Type or print) 69Year Month Helen Elizabeth Keelan June S. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (in years IF LINGER 1 YEAR IF UNDER 24 HRS ve corbon popers. Pages event, within 72 hours aft White 8-17-11 Female last birthday) be executed within 24 hours 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country aryland U.S.A. WIDOWED [7] DIVORCED [7] filled 1 paltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR aive street address) during most of working life, even if retired.) Towson 13a. LSUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JM TS? 13e STREET AND NUMBER admission) STAIF 13b. COUNTY YES ... Baltimore 4214 Woodlea Ave., 21206 and in any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Miller Mary M Norman R Miller physicidn certificota 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (if yes give war or dates of service) Yes, no, or unknown) or removal. Same None Mr Cyril N Keelan 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Terminal c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the death Terminal carcinomatosis burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave ) Ductal cell carcinoma of left breast rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the show, d be filed with the State Dept. of Health prior to 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗔 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Tawn County State While Nat while at wark 5/31/\_\_\_\_, 1969\_\_\_\_, to . 1969 , that (太(we) last \_, and that in (axy) (our) opinion death accurred on the date and have and from the couses stated above, (1) (we) (did) (did not) view the body after death, 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 6-21-69 PHYS DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS Christine Feliciano, M.D. NAME (Type) 7620 York Rd., Towson Md., 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23b DATE (County) (State) REMOVAL (Specify) 6/24/69 Holy Redeemer Baltimore, Maryland 24 FUNERAL DIRECTOR 250 REC'D BY REG STRAR 25b REGISTRAR S\_SIGNATURE Ucharles Jude WHUN 2 4 1969 Leonard J Ruck Inc, Baltimore, Maryland



. 1	eml FilmGilla MARY	CLAND STATE DEPARTMENT OF HEALTH	
TOD CTATE	/25/69 kk 00000 HEDICAL	CLAND STATE DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  EVAMINED'S CERTIFICATE OF DEATH	08029
FOR STATE	ECEASED NAME First	EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	Type or Print)	OF ESTI-	Manth Day Year 2b HOUR
S of ag	Aubrey AMBREY	TEE KTBLER DEATH MATED	19 M
delay is nd 3 to 3. Poge	4. RACE 'S DATE OF BIRTH	OR O last birthday) MONTHS DAYS HOURS Mill. Manth De	Ou Voor
	Male White May 13,1	June June	22 19 69 8:40r
- E P	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT CO		
ges for	ITY OR TOWN OF DEATH	WIDOWED DIVORCED Balto.  OF HOSPITAL OR INSTITUTION (If not in haspital   12a USUAL OCCUPATION (Kind of work	Md
ve Poges 1, 2, 6 y with form PA	ann steast	address) during prospet merking rife even if ret	dane 126 KIND OF BUSINESS OR INDUSTRIAL CO.
er d	Hampstead 3200 USUAL RESIDENCE (Where deceased lived, if institution	Nes dence before 13c CITY OR TOWN 13d INSIDE CITY LIWITS? 13e STREET AND NUMBE	
hin 24 hours often ful medem 18. Gi niher's Office olong pages I ond 2 with hours ofter death.	dmission) STATE 136 COUNTY Con	Trees.	K.
Ed Services	ATHER'S NAME First Middle	Losi IS MOTHERS MAIDEN NAME First Middle	ė Last
P # 5 12 5			; F02(
ning 24 ning 24 pages hours		SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
mily bo		12-20-7860 Tessie Kibler Rt. 1 Manche	ster, Md.
executed within 24 hours offer death anding in penfil inchemi 18. Give Pogr Medical Exominer's Office along with the stommer. File pages Tond 2 with the Stommer within 72 hours offer death.		r (a) (b) and (c))	APPROXIMATE INTERVAL
be executed "pending" in ief Medical E. onsit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY	Ltirle blunt injuries	BETWEEN ONSET AND DEATH
wed wed		A CONSEQUENCE OF	
be e "per "per nief I	Canditians, if any, which gave )	CONTRACTING OF	
< 무명히 유출	nse to immediate cause (a), (b) DUE TO, OR AS A	A CONSEQUENCE OF	
should be e should be e ne word "per o the Chief I burial-tronsit	last		
DICAL EXAMINER: This certificate should be executed within 24 hours ofter death ones execute the certificate, writing the word "pending" in penful including 18. Give Poges 1, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form etained for your files.  DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Deat to burial, cremation, or removal, and in any event within 72 hours ofter death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate itiote, writing the be forwarded to d be used as a bor removal, and			
his certii ote, writ e forwoi be used		CONDITION FOR WHICH OPERATION	20. AUTOPSY?
oe u		WAS PERFORMED?	YES 🔀 NO 🗌
ald be also and a series	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOURAND	RY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or P	'art 2, item 18)
INER: T e certifice should b files. 3 should	CAUSE OF DEATH 7:30 P.M.	6 22 19 69 Subject driver of auto-fixed	d object coll.
XAMINER: te the certi ge 4 should your files. 'oge 3 shoul cremotion,	21d INJURY OCCURRED  21e PLACE OF INJURY (At ha	ime, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
DICAL EXAMINER: ease execute the cert director. Page 4 should etoined for your files. DIRECTOR: Page 3 shou or to burial, cremation,	AT WORK AT WORK Street	3200 W. of Md. 25	Balto. Md.
ICAL E)  e execut tor. Pog ed for y CTOR: P			riry 🔲 , and in my apinian
bical se exercitor. Pertor. Pe	death resulted fram. Natural causes	, Accident XX, Suicide , Hamicide , Undetermined mi	anner 🔲
p ease e I director retoined L DIRECT	ACTUAL HARRY 1 - 22mg	CHIEF MEDICAL EXAMINER	
	SIGNATURE/	M.D.	b DATE SIGNED
	EXAMINER'S	ADDOTECTION	June 23, 1969
necessory, p the funeral 5 may be rr 10 EUNERAL Health prior	NAME (Type) Werner II. Spitz.	Malla	
2	BLRIAL (REMATION, REMOVAL (Specify) Burial  June 26,1969	23c NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery Westminste	
0.	FUNERAL DIRECTOR		STRAR S SIGNATURE
VR ATSME IS	ipton - Eline Funeral Home	- Umanatead Md	
10M REV. 1768% ({ }		DATE UN 2 5 1969	early Judge





	1		08038	DIVISION OF VIT	AL RECORDS, 30	I W. PRESTON STRI	EET. BALTIMOR	E. MARYLAND 2120	1 0	0.0.0.4
			17(100)			RTIFICATE OF D		-,	. 0	8031
	death.		ECEASED-NAME Firs	ie A	Middle	KirklA		DATE OF DEATH  Month 18	Day 1960	2b. Hour 7 P, M
	the Tu ages Is a after	3. 5	Female	4 RACE Wh	ite	S. DATE OF BIR	TH 19,188	6 AGE (in years last birthday)	IF LINDER 1 YE MONTHS D	AR IF JNDER 24 HRS. AYS HOURS MIN.
	24 hour		BIRTHPLACE (State or foreign nitry) MAYYLAND	76. CITIZEN OF WHAT OF		MARRIED 🔲 NEVER MARR VIDOWED 🖂 DIVORC	1EV	BALTIMO	re a	. Md.
	within 24 ely filled bon pope within 7		Town of Death	give_street	oddress) Kersgil	JTION (If nat in hospital	during most of v	UPATION (Kind of work d working life, even if return SCOVICE	ed) INDUSTR	O OF BUSINESS OR
	couted with completely dove carbon y event, with	odm	USUAL RESIDENCE (Where decension) STATE Md,	osed lived, if institution: I	Residence before 13	3 Alto.	A INRIGE CITA FIMITES	13e STREET AND NUMBER	Ner A	ve.
	requires that the death certificate be executed within 24 hours after death g physicion.  signed by the ottending physician and completely filled in by the runsor signed by the ottending physician and completely filled in by the runsor short and burial-transit permit. Then please females carbon papers Pages 1 and a burial, tremation, or removal, and in any event, within 72 hours after beat	L	ATHER'S NAME First	Adolphu	15 E/Sh	IS MOTHERS MAIL	DEN NAME FIRST	lizabeth	SH	IDEY
	physici pen pec oval, o		K O	e war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	messel	4 613	Chest	nut cuy
he death certific s ottending phys permit. Then prion, or removal,			18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED	anly one cause per line for SED BY. DIATE CAUSE (a)	(a), (b), and (c).)	ascular a	windent		BETW / M	EEN ONSET AND DEATH
	ICIAN: The low requires that the death certifution or ottending physicion.  Tificate has been signed by the ottending phy of for use as the burial-transit permit. Then of the other prior to burial, cremation, or removal of Health prior to burial, cremation, or removal		Cand tions, if any, which gave inse to immediate cause (o),	(b)	HACU	P		·	?	years
3	equires the physicion. signed by burial-tran burial, cret		stating the underlying couse last.	) (c)		STATE TO THE TERMINA	DICTICE OR COUNTY	AU 01/20 III 64 RV		
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	by the hos by the hos After this ce be detoche Stote Dept.	~	While Not while at work			21f LOCATION Street		City or Tawn	County	State
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	moy be retoined moy be retoined wat DIRECTOR: A poge 3 should be filed with the		22b. SIGNATURE	VE. Di	ay Mu]	DEGREE ATTENDING	DIRECTOR	STAFF	22c. DATE SIGNED	7,1969
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	Poge 4 r TO FUNER director,		REMOVAL (Specify) 6	- 21-1969	Nouda	etery or could		10CATION (City or Town)	(County)	(Stote)
	30M REV 1/68	24	FUNERAL DIRECTOR  WOOLK BY	As Towas	ADDRESS (	127-7/	DATJUN 2		CARS SIGNATURE	register.



5	1	08039	DIVISION	OF VITAL RECORDS,	301 W. PRES		BALTIMORE, MA	RYLAND 21201		
					CERTIFICAT	E OF DEA	TH		08032	,
and 2 death.			liam	Middle J AME:	s Khel	_	20 DATE O	Month 18 Doy	69Yeor	2b. HOUR
	3 5	Male	4 RACE	√hite		DATE OF BIRTH 2-22-88		6 AGE (in years last birthday).		F JNDER 24 HRS HOURS MIN
24 hours d in by pers. F	cou	BIRTHPLACE (State or foreign ntry)	76 CITIZEN O	DF WHAT COUNTRY?	B. MARRIED [X] I	NEVER MARRIED [	9 COUNTY O Bal			M.d.
d within 24 hd		CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	Gen Hos		USUAL OCCUPATION	(Kind of work done (life, even if retired)	12b KIND OF BU	SINESS OR
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eath ce ending p nit. The		18. CAUSE OF DEATH (Enter on PARY DEATH WAS CAUSED IMMEDIA	y one couse p TE CAUSE (o)	Bleeding (b), and (c)	etatine	- Chamic	Yang S	Tom Ach-	APPROXIMAT BETWEFN ONSE	T AND DEATH
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CIAN: bital ar tificate d for u	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examination)	HOUR	AE OF INJURY A.M. Month Doy Year P.M. 19				ry in Port I or Part 2, Ite	am 18.)	
PHYS he has this cer letache Dept.	ME			JRY (AT HOME FARM, STREET FACT OFFICE BUILDING ETC.		ON Street or R.F.	D No. City	or Town	County	Stote
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OR ATTENI DE retained DIRECTOR: A per 3 should ed with the		22b SIGNATURE	(I) (we) fe	did) (did not) view the b	ady over dept	ATTENDING	7 MED		TE SIGNED	
TAL OR MAY be rated by page 3 be filed w		22d. PHYS CIAN'S NAME (Type)	/ C	all , III	> DEGREE	PHYS L  22e. ADDRESS	DIRECTOR L	PHYS L		
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INER: This tertificate shauld be executed within 24 shauld be executed within 24 shauld be farwarded to the Chief Medical Examines. Files. 3 shauld be used as a burial-transit permit. File pages nation, as removal, and in any event within 72 hours.		PART 2. OTHER SIGNIF	ICANT CONDITIONS (	CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	. DISEASE OR CONDITIO	ON GIVEN IN PART I(a)			
ertif writi wan	TION	190. DATE OF OPERAT	ION	19b. C	ONDITION FOR WHICH	OPERATION				ZO. AUTOPSY	/?
is to te, te, term for rem	CERTIFICATION				WAS PERFORMED?					YES 🔲	NO X
ER: This certificate auld be fees.		210. EXTERNAL CAUSE PRIMARY OR CONT		b TIME OF INJURY HOUR A.M.	Month, Day, Year	21c HOW INJURY	OCCURRED (Enter natu	re of nury n Port 1 o	r Part 2, Item	1B.)	1
NER: e cert shaule files. 3 shau	MEDICAL	CAUSE OF DEATH		P.M.	19		دـــ				
	M	21d INJURY OCCURRE		FIN.URY (At hom fice building, etc.)		21f LOCATION Stre	et or R F D. No	City or Town	(	County	Store
bical EXAMINER: se execute the certification. Page 4 shaultoned for your files. ECTOR: Page 3 should burial, cremation.		AT WORK AT WORK							-3		
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O DEPUTY SICAL EXAM necessary, please execute the the funeral directar. Page 45 may be retained far your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)					DDRESS(Street, city, to			7	4
5 r 5 r 4 the	230	BURIAL, CREMATION,	236 DATE	17-18	23c NAME OF CEME			LOCATION (City or Tow	vn) (Co	ουπέγ) (St	ate)
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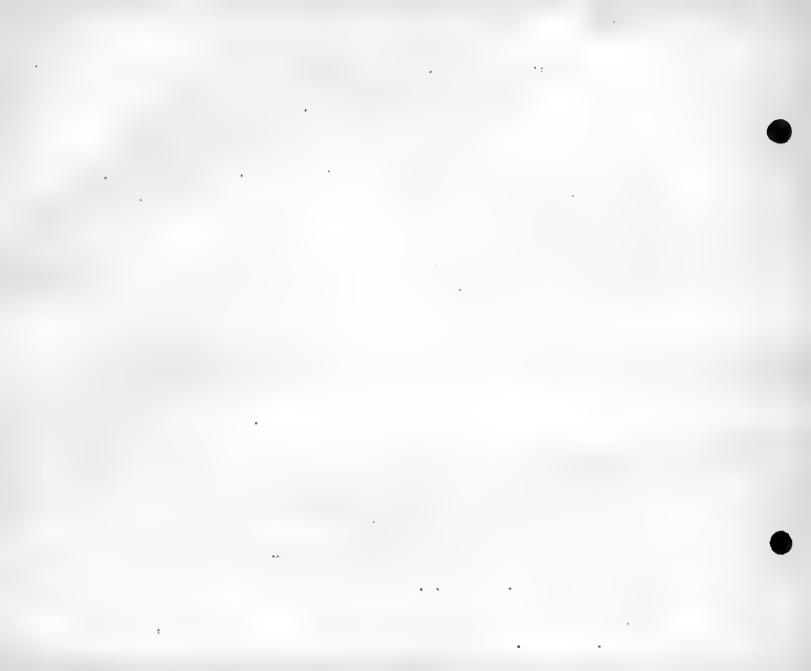
MARTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 08041 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08034 25. HOUR 1:50M 1 DECEASED NAME Middle Lost 20. DATE OF DEATH be executed within 24 haurs after death. (Type or print) Month 23 Doy 69 HERMAN M. KLING 4 RACE S. DATE OF BIRTH 6. AGE (In years MALE CAUCASIAN OCTOBER 20, 190# 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED lease remove carban papers. and in any event, within,72 WIDOWED -BALTIMORE NEW YORK CITY U.S.A. DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCLPATION (Kind of work done 126 KIND OF BUSINESS OR SELF EMPLOYED BALTIMORE MD. 21204 give street address ALTO. MED. CENTER during most of working life, eyen if retired)
PHARMACIST 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 136 COUNTY YES 💢 NO 🗌 6915 PARK HGHTS. AVENUE #15 BALTIMORE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First MORRIS KLING MARY requires that the death certificate 3 physician. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, ocunknown) burial, crematian, ar removal, MRS. ADA KLING. 6915 PARK HGHTS. AVE. #21215 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) METASTATIC CA.OF COLON rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior tall 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🔀 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While - Not while -City or Town County While Not while of work 1:50PM 19 69 , that (I) 22a. I certify that (I) (this haspital) attended the deceased fram 6-23, 1969, ta\_saw the deceased alive an \_\_\_\_\_\_19\_\_\_, and that in (my) (aur) apinian deat causes stated abave, (I) (we) (did) (did nat) view the bady after death. \_, and that in (my) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED M. Malessalle MED.
DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) GREATER BALTIMORE MEDICAL CENTER M.MOUSSAVI 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR-AL, CREMATION, 23b. DATE (County) BURIAL (Specify) BETH YEHUDA ANSHE KURLAND BALTIMORE, MARY LAND 6-24-69 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08035 Item6 FilmCh13 6/16/69 kk CERTIFICATE OF DEATH DECEASED NAME uneral and 2 death. First Middle Last 20. DATE OF DEATH 2b. HOUR gate be executed within 24 hours after defith (Type or print) 6 Manth 70 Doy 69 Year Daniel S. Koller 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER YEAR ILNOEL 24 HRS Caucasian lost butney) Malle Aug.6.1898 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED (COUNTRY) Maryland Baltimore County USA WIDOWED [ DIVORCED [ and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 6710 Queens Ferry Road during most of working life, even fretured.)
Secy. Erdman lire C and campletely f remove carbon Baltimore County 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 130 STREET AND NUMBER 6710 Queens Ferry Road 13d INSIDE CITY HALTS? odmission) STATE Maryland 13b COUNTY Baltimore 14. FATHER'S NAME S MOTHER'S MAIDEN NAME First Middle M ddle Daniel Koller Katie please Loos 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC.AL SECURITY NO 17 INFORMANT Address Yes, nonor unknown) [If yes give war or dates of service] prior ta burial, cremation, ar remaval, 214-01-2940 Mrs Margaret K Koller hen Certi APPROXIMATE INTERVAL 8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coclusion ORONAKY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONE Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO I TO HOSPITAL OR ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJRY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If e ther, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (1) (this hospital) (attended the deceased from saw the deceased alive on 1967, and that in (my) (acr) apinian death accurred on the date and hour and from the causes stated obove. (1) (we)(d,d) (did nat) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF June 10, 1969 - A-DEGREE PHYS PHYS 22d. PHYS CIAN S 22e. ADDRESS NAME (Type) James E. White M.D. 5214 Harford Road Baltimore Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) (State) BILLY (Secuta) 6/13/69 Dulaney Valley Baltimore Maryland Leonard J. Ruck Inc. 5305 Harford Road 21214 25a REC D BY REGISTRAR 25b REG STRAR S SIGNATURE DAGUN 1969 Ochonia Judge



7 1	08043		S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	00000
1			CERTIFICATE OF DEATH	1	08036
deoth.	(Type or print) FEOK	FISTA N. Middle	KOSHKIN	20. DATE OF DEATH Month	Year Q 1 3
atter atter	3 SEX Female	4. RACE White	5. DATE OF BIRTH	6 AGE (in years last birthday)	IF UNDER I YEAR HE JHDER 24 HRS MONTHS DAYS HOURS MIN
hours in by the pars, Page 2 hours	70 BIRTHPLACE (State or fareign	75 CHIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	
cuted within 24 horappletally filled in ve corbon papers.	Russia 10 CIY OR TOWN OF DEATH Randallstown	11 NAME OF HOSPITAL OR  1392124111612		SJA, OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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be execut n ond capings remove	14, FATHER S NAME First ROCKOROGO An	Middle Lost tip Niktin	15. MOTHER'S MA DEN NAM	E first Ivovova Tomin	Lost
ertificate be physicion o ion please i	160. WAS DECEASED EVER IN U.S. Yes, na. Nyoknawn)	ARMED FORCES? 16b SOCIAL SECURI		Address ecord	
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equres that the physician. Signed by the buriol-transit buriol, cremain	stoting the underlying co lost.  PART 2 OTHER SIGNIFICAN	(c)		TO CONDITION CIVEN IN DADT (6)	
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I: The I or after the hos use as alth prince the prince	190. DATE OF OPERATION 21 a. ACCIDENT WAS UNDER		YES NO	CAMERS OF DEATHS	
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IG PHY the ho ir this of detach	While Not while at work		FACTORY.) 21f LOCATION Street or R.F.D	600 1/0-	County State
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OR AT OR PER PRINCIPLE SHEET OF SHEET O	22b. SIGNATURD	prio lear	ATTENDING DEGREE PHYS	MED STAFF PHYS.	GATE SIGNED GS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-fron Schould be filed with the State Dept. of Health prior to buriol, cre-	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
TO HOS Page / TO FUN direct	Burial (Specify)		of CEMETERY OR CREMATORY awn Cemetery	23d LOCATION (City or Town) Baltimore, Md.	(Caunty) (State)
VR AIL	24 FUNERAL DIRECTOR	ADDRE		D BY REGISTRAR 25b. REGISTRAR S	
45M N 6	Loring Byers C	hapel 8728 Liberty	Road 21133 DAJUI	130 1969 Miliani	THE MANIETTE

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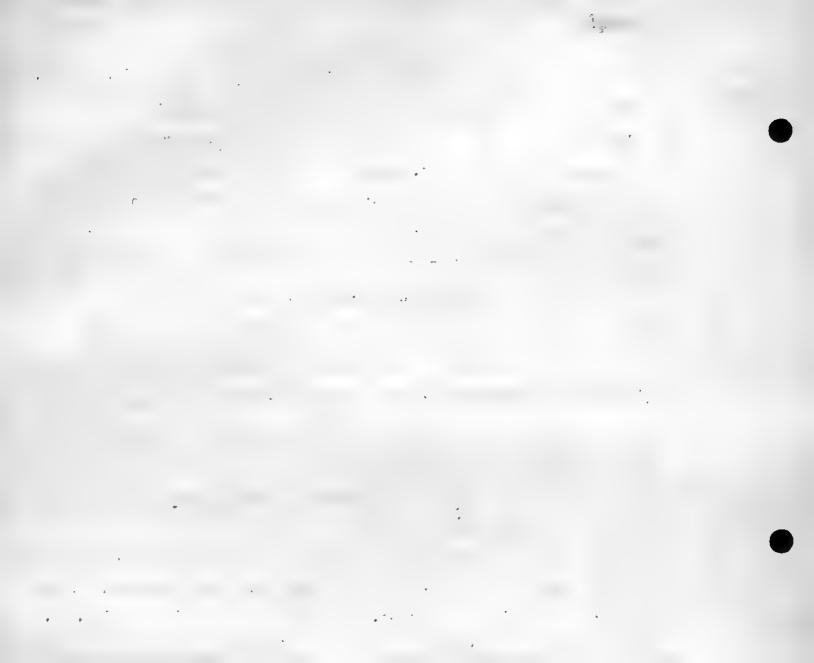


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er death. funeral I and 2 ter death		ype or print)			T/ 1		20 1	Month Day	Year	2b HOUR
ir di	3 5	Jerry	4 RACE	Francis		oner  S DATE OF BIRTH		6- 6	1F JNDER 1 YEAR	6:45PM
the fur			14 KACL	171.24.				6. AGE (In years last birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN
- 5 - 5 - S	70	Male BIRTHPLACE (State or foreign	7b CITIZEN OF	White	9	4-27-9		NTY OF DEATH		
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an and campletely filled in by the funeral see remaye carbon papers. Pages I and 2nd in any event, within 72 and settle death		Baltimore	giv	e street address) t. Joseph's		tal	ng most of w	arking life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
ed v	130	USUAL RESIDENCE (Where decease	ed lived, if instit	ution Residence befare	13c CITY OR 1	TOWN 13d HISIDE	GETY LIMITS?	13e STREET AND NUMBER	1 - 1 - 1	7
amp Tybe Tybe	aam	ssion) STATE Maryland	13b. COUNTY	- Ball timore	Maryl	and YES	NO 🔀	1202 N. Cheste	er Stree	et
yexe emc any	14. 1	ATHER S NAME First	M+ddle	Lost		MOTHER'S MAIDEN NA	IME First	M-ddle		Last
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red p		18. CAUSE OF DEATH (Enter an	y one cause per	line for (a), (b) and (c)	)			0	APPROXII	MATE INTERVAL
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s de attel erm in, c		4/24		AS A CONSEQUENCE OF	110 110	TRITIUS.				
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The att has see the the the the the the the the the t	CERTIFICAT						UZC	CAUSES OF DEATH?		
AN: Il or cate ar u deal		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			2ic. HOV	N INJURY OCCURRED	(Enter nature	of injury in Part 1 or Port 2, 1	tem 18.)	
HYSICIA haspital s certifica cched fa	MEDICAL	(If either, natify medical exami	er) P.M							
OR ATTENDING PHYSICIAN: be retained by the haspital or SIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. of Heal	₹	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY	( AT HOME FARM, STREET, FAC	TORY ) 21F LOC	ATION Street or R.F.I.	) No	City or Town	County	State
te det		at wark at work								
by the Affer II be de de State		22a I certify that (I) (th	s hospital) of	tended the decease	d fram	May 27	19.69 , 1	6 June 6, 19	69 , that	(I) (we) lost
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AL D		22d. PHYSICIAN'S				22e ADDRESS		31 00	A110 0 4 .	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to		NAME (Type) Dr. C	milo I	Tomboc		7620 Y	ork Ro	ed, Beltimore	Maryl	and 2120
HO.	23a	BURIAL, CREMATION, 23b.		239 NAME OF	EMETERY OR	REMATORY		LOCAT ON (City or Town)	(County)	(State)
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requires that the death certificate be executed within 24 has TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been directar, shauld be VR A15 (4)

22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Ines Cilliani, M.D. 7620 York Road Balto. 27204 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) Parkville REMOVAL (Spot by) 6-23-1969 Parkwood Cemetery Balto. Md. 24 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lassahn Funeral Home 7401 Belair Road 21236 DATE UN 2 3 1969 Milanday Quedas



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		08047	DIVISION OF VITA	•	PRESTON STREET, BALTICATE OF DEATH	IIMOKE, MAK	TLAND 21201	080	40
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by by 100 min	70 BIF		76. CITIZEN OF WHAT COL	INTRY? 8 MARRIE	D NEVER MARRIED 🛣	9 COUNTY OF			
4 ho 1 in 22 h	countr	MARYLAND	V.S. A.				Baltim	ore	Md
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=1h certific ending physi mit. Then pl ar remaval,		B. CAUSE OF DEATH (Enter only	r one couse per line for (					APPROXI	MATE INTERVAL INSET AND DEATH
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squires that the d physician. signed by the attr burial-transit perr burial, crematian,		onditions, if ony, which gove	(b)						
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quires the physician. signed by burial-fran		st	(t)						
Page Signary and Page S	1	ART 2 OTHER SIGNIFICANT CONG	OITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDIT ON GIVEN	IN PART 1(o)		
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YSICI aspire certification of a feed		f either, notify medical examina		E, FARM, STREET FACTORY.\ 21f.	LOCATION Street of R.F.D. No	B C'tv	or Town	County	Stote
his etac		work at work						,	
DING by the After to be done of the description of	2	2a. I <b>certify</b> that (I) (this saw the deceased ali	haspital) attended	the deceased fram_	6/17, 19_	69 ta 6	/23/, 19_	69 , that	(I) (we) las
OR ATTENDING be retained by the DIRECTOR: After the 3 should be ded with the State		saw the deceased all causes stated abave,	ve an <u> </u>	19 <u>.69</u> , a at) view the bady afte	nd that in (my) ( <u>our) a</u> p r death.	inian death a	ccurred on the da	te and hour	and from the
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AL OR by be r L DIRE L DIRE filed w	ΙL	Chou	6 C. 13	Rollin, M.D. DE		MED. DIRECTOR	STAFF PHYS	6/24/	
- O - O - O	2	2d PHYSICIAN'S NAME (Type) Charles	C. Brown,	M.D.	22e. ADDRESS 6701 N.Cha	rles St	., Baltimo	re, Md.	21204
O HOSPII Page 4 m D FUNER/ director, should by		JRIAL, CREMATION, 23b. D. MOYAL (Specify)		23c NAME OF CEMETERY			N (City or Town)	(County)	(Stote)
5 5 5 2 2	15	URIDL 6	-26-69	Ashland YRES	biterian Cem	COCKRY.	sville		MO.
VR ATS 141	1	INERA, DIRECTOR		ADDRESS YOR	K TZQ 250 MEGA	2 5 196	9 256 REGISTERRE	MARIE	1
45M 1/69	14m	COOK-BROOKS	OWSON, WING	Towson Ma	2 1204 DATE		- "	12	



Karan		MARYLAND STATE DEPARTMENT OF HEALTH
3	~	08048 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 08041
	# = # # # 2 #	1 DECEASED NAME First Middle lost 1 20. DATE OF DEATH 26 HOUR
	deoth. and 2 death.	(Type or print) AnnA L. LAmbrecht Month Day Year 9 3 5 M
	\$ 7 m =	3 SEX 4 RACE A S DATE OF BIRTH 6. AGE (In years 15 JNDER 1 FEAR   15 UNDER 24 HPS
		Female White Oct 1, 1886 lost bythoday) YRS MONTHS DAYS HOURS MIN
	\$ 26 5	70 BIRTHP.ACE (State or fare gn 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 7 MEUTE MARRIED 7 S. COUNTY OF DEATH
	4 hu l in ers. 72 h	Maryland U.S.A. WIDOWED DIVORCED   Ballimon
	n 2 illec	10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (not in hospital )/ 12a. USUAL OCCUPATION (Kind of work dane give street oddress)  12b KIND OF BUSINESS OR INDUSTRY
	重 李章	Catonsville   give street oddress   June 1   Juning most of working life, even if retired   INDUSTRY
	d v	13a USUAL RES DENCE (Where deceosed lived if institution, Residence before   13c CTY OR TOWN   13d MSIDE CITY 1/4 TS7   13e STREET AND NUMBER
	of death certificate be executed within 24 house effective of the standard completely filled in by The You or removal, and in any event, within 72 hours after	odmission) STATE mo 126. COUNTY Baltimore YES NO 5021 Frederick And
	a was a way	14. FATHER'S NAME Fyrst , Middle , Last A / 15 MOTHER'S MAIDEN NAME First / Middle Lost
	2 - E	Frederick Westphal augusta (Unknown)
	ond ond	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT
	hysi iffe	Yes, no, ar unknown) (1 yes give war or days of service) 215-07-110/ Example 8343 Merry view Drive 21207
	g p Ihel	IR CAUSE OF DEATH (Enter only one rouse per line for (a) (b) and (c))
	oth iden	PART! DEATH WAS CAUSED BY.
	de tter n, o	I MINICULATE CAUSE (II)
	the one of the other	Conditions, if any which gave (b) PATOL DULE LER (U.S.)
	hot T. Y # Snsi	rise ta immediate cause (a).
	4 b d b d b d b d b d b d b d b d b d b	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF last.
_	requires that the death certificate g physician.  signed by the ottending physician burial-transit mermit. Then pleas burial, cremation, ar removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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W	faw fadin bee bee short	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20G AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
P	ING PHYSICIAN: The tow requires the by the hospital or attending physician. After this certificate has been signed by be defached for use as the burial-transtate Dept. of Heolith prior to burial, creating the contraction of the statement of the	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20d AUTOPSY?  YES NO CAUSES OF DEATH?  21d ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY 2216 HOW INITIRY OF COURSES OF DEATH?
1	or or us	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)
	for files	S OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year
	renti renti hed t. o	If either, namy medical examiner) r.m. 19
	ATTEMBING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detached for unith the State Dept. of Heo.	While Mot While \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	AG the de de de de de de	
	Affe Affe Sto	220. I certify that (1) (this hospital) attended the deceased from 1967, ta 6/6, 1967, ta 1967, that (1) (we) last saw the deceased alive an 1967 and that in (my) (our) opinion death occurred on the date and hour and from the
	# Sold	causes stated abave, (1) (we) (did) (did not) view the body after death.
	A S S S S S S S S S S S S S S S S S S S	22b. SIGNATURE 22c. DATE/SIGNED
	OR be red w	Y GO SO STAFF DIRECTOR DIRECTO
	AL C	22d. PHYSICIAN'S 22e ADDRESS 22e ADDRESS 27.
	TO HOSFITAL OR ATTINITING PHYSICIAN: The faw requires that the death certificate be exerpted to many be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confirector, page 3 should be detached for use as the burial-transit permit. Then please remains should be filed with the State Dept. of Health prior to burial, cremation, at removal, and in any	NAME (Type) E K-ASA (15, M-1) 1801 Frence Link Rol Ball a ne lesser
	HO FUN Pour	23a BURIA, (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
	55 5 £ ₹	BURIAL (Specify) 6-9-1969 Loudon Park Cemetery Baltimore, Maryland
	VR ALL VINC	24 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
	45M T268	Howard H. Hubbard, 4107 Wilkens Ave. 21229 MUN 1 1 1969 Muller Judge

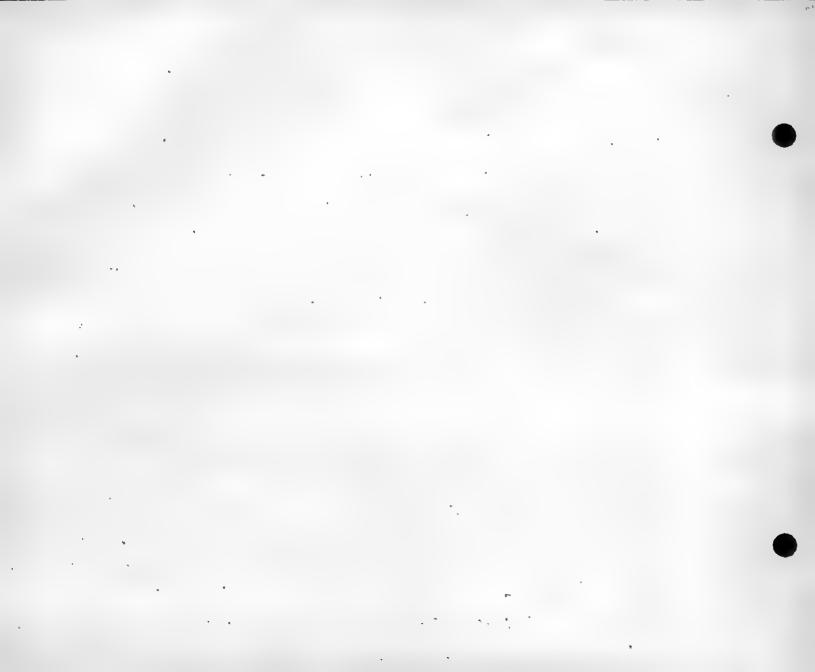


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F	The second of the second of		00030			CERTIFICATE O			08042
	hin 24 haurs after death. filled in by the funeral n papers 1 and 2 thin 72 theurs after death.		DECEASED NAME Firs (Type or print) <b>Beatri</b>		Middle W.	LePerte	1	O DATE OF DEATH  June	12 1969 1:45av
	s after the fur ages 1	3. 5	Female	4. RACE W.	hite	S. DATE OF 5-3	BIRTH 1-1900	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS CLAYS HOURS MIN
	14 haur	7a (a)	BIRTHPLACE (State or foreign intry)N . J .	7b. CITIZEN U.S	OF WHAT COUNTRY?	8. MARRIED  NEVER N WIDOWED DIV	MARRIED 9. C	COUNTY OF DEATH Belto.	Md
	within 2		CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street address) Cel	STITUTION (If not in hospito Lege Manor	il 12a. USUAL O during mast	CCUPATION (Kind of work do of working life, even if retired ore tary	ne 125. KIND OF BUSINESS OR INDUSTRY
	and campletely filled in-be remove carban papers.	13a ada	USUAL RESIDENCE (Where decenission) STATE	ised lived, if ii 13b. COU		13c CITY OR TOWN Tewson	YES NO	13e. STREET AND NUMBER	
	icate be executivisician and camp		father's name first  John J. Warren	Mid	idle Lost	15. MOTHER'S	MAIDEN NAME First  Emil	Middle Donohue	Lost
	physician on please loval, and it	164	Unknown	war or dates of serv	216-16-1	323-A Cel	Lege Manor	Address Lutherville	Md.
	at the death of the attending tsit permit. The		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	DUE TO	per line far (a), (b), and (c)	uomalo	les Corlu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BYTTO
)	4: The law requires the ar attending physician. the has been signed by . use as the bural-transath priar ta bural, cre.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		) TRIBUTING TO DEATH BUT N OR WHICH OPERATION WAS PE	RFORMED 20a AL	JTOPSY?		GS CONSIDERED IN CERTIFYING
	ICIAN: The pital ar at trificate ho d far use af Health	MEDICAL CERTIF	or contributing CAUSE OF DE	NUOH HOUR	P.M.	,	OCCURRED (Enter no	ture of injury in Part 1 or Part	2, Item 18.)
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	FITAL OR ATTENDIN t may be retained by ERAL DIRECTOR: After or, page 3 should be d be filed with the Sta		22b. SIGNATURE	h i	Fritz, M.	DEGREE PHYS	DIREC	TIOR D STAFF D	22, DATE SIGNED 6/17/69 ry. 21218
	TO HOSPITAL ( Page 4 may b TO FUNERAL D director, page should be file	L	Burial (Specify)	DATE -14-19	69 Drui	CEMETERY OR CREMATORY d Ridge Cem	etery 1	3d LOCATION (City or Town) Baltimore, Mai	
	VR ATS (4) 30M REV 1765	ví II	FUNERAL DIRECTOR  Im. Cook-Brook:	Towso	address n 1050 York		2Sq. REC'D BY R		AR'S SIGNATURE



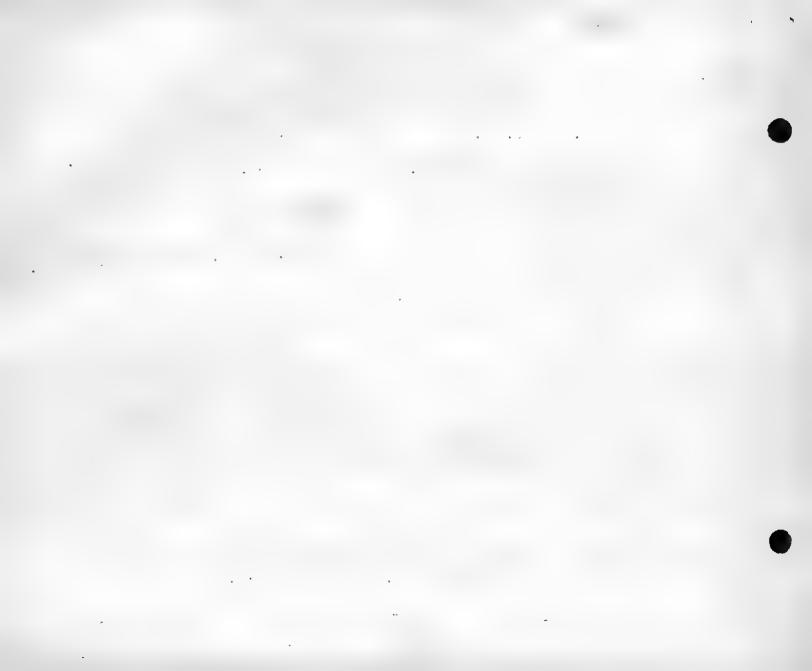


	1			MN 2141F DELAKIWEI		
1			DIVISION OF VITAL RECORD	S, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 2120	1 0000
- +		08051		CERTIFICATE OF D		08044
÷ _ ~ ;		CEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
deoth.	(	ype or print)	thraine L.	LENZ	Month	Day Year M
5 7-3	3. SI		4 RACE	S DATE OF BIRTI		F UNDER I YEAR   (F UNDER 24 HRS
# (#### )	1 4	emale	white	8/5/	99 last birthday)	YRS. DAYS HOURS M.N.
SIN SAME	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE		100
in ers	caul	nermony	4.5.A.	WIDOWED DIVORCE		Md.
filled ir paper. hin 72	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital	120 USUAL OCCUPATION (Kind of work de	one 12b. KIND OF BUSINESS OR
		Arbutus	give street address Ca	wille Ave	during most of working life, even if retire	OWN HOME
uted with			ad lived if institution Residence before	e 13c CITY OR TOWN 3d	FINSIDE CITY JIM TS? 13e STREET AND NUMBER	
5 8 8	agm	ssion) STATE Marylan	d 13b. COUNTY Baltimor	eArbatus Y	15 NO 5538 Cary	ille Ave-
and coremo	14.	ATHER'S NAME First	Middle Last		EN NAME First Middle	e Last
d n dr	1	vilhelm L	CN2	Kath	arine Merie	el
ote leos anc		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAL SECURIT	Y NO. 17 INFORMANT	Addre	a d
e deoth certificote b offending physicion permit. Then pleose on, or removal, ond i	L'	N O UNKIOWIII	or or seeds or service)	Marie L	EN 25338 Carvi	118 Aver
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enth andii or re		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Cut	e myocar	diles	1 weep
offe on,		4,	DUE TO, OR AS A CONSEQUENCE	DF V	, -f 1	11/11
the the sit g		Canditians, if any, which gave rise to immediate cause (a),	(b) Chra	ue Hy/	Kelenson	16 Lears
수 축 은 것 들 을		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE (	OF /		
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law requires adding physici been signed is the buriol-tior to buriol.		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PART 1(a)	
law randing been s the ior to	8					
The law requires the attending physicion. has been signed by se os the buriol-tranth prior to buriol, cre	CERTIFICAT, ON	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		CAUSES OF DEATHS	IGS CONSIDERED IN CERTIFYING
YSICIAN: The ospitol or afte terrificate has thed for use out. of Health pr	ERTIF	6) - ACCIDENT MAE SAMPEN WE	IC last Turk on human	YES	ио [_]	
AN: olo olo icoto for Hea		210 ACC1DENT WAS UNDERLY!!  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA	H HOUR A.M. Month Day Ye	21c. HOW INJURY OCCUR	RED (Enter nature of injury in Part 1 or Pai	rt 2, Item 18.)
SICI spirit ertif ed ed	EDICAL	(If e'ther, natify medical exami	ner) P.M.	19		
HY ho to ch bept	1	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	21f. LOCATION Street of	or R.F.D. No. City or Town	County State
the period of th		at work at work			1045	10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
DIN Affe be Sto		220. I certity that (I) (the	is haspital) attended the decer	19 68 and that in (my)	(aur) apinian death accurred an the	19 <u>69</u> , that (I) (we) last
TEN ined puld the		causes stated above	e, (I) (we) (did) (did nat) view th	e bady after death.	(doi) apinion deem accorred an in-	e date and han and hour the
She et of the with with with the same of t		22b. SIGNATURE	0	ATTENDING	- 460 - 57415	22 DATE SIGNED
OR OR DE 1	L	X. C	dally "	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	June 23 1969
TAL AAL Poog		22d. PHYSICIAN S NAME (Type)	2 , 61	22e ADDRES		6.
SPI 4 m NER for,		Appendict ( The) FED	H LOTTU		enek + M. Folling	3a2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected any be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confinector, page 3 should be detached for use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	23 a.	BURIAL, CREMATION, 23b.	DATE 23c NAME (	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 WV		REMOVAL (Specify)	27/69 27.1	BY ISLATHERN	-hurch Wolst Ville	giro. Maryland
VR A15 (1)	24.	FUNERAL DIRECTOR	ADDRE	0 01		RAR'S SIGNATURE
JUNE KE # 1700	4	MUNIC ME	JZY A ULIGHUN A	p. 70.	MIN 2 6 1969 Oction	LEAD MANAGE



TO CITY OR TOWN OF DEATH    11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work and life, even if retired)			MARYLAND STATE DEPARTMENT OF HEALTH
DECEASED NAME   First   Middle   Lost   Down   Do	1.1	_ 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08045
Type or pnm)   MARGUERITE   LETMATE   S. DATE OF BIRTH   DV   Year   S. DATE OF BIRTH   DV	7		CERTIFICATE OF DEATH
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nd, or ynknown)  16b SOCIAL SECURITY NO.  17. INFORMANT  Address  A BOVE  18 CAUSE OF DEATH (Enter only one couse per line 10 (a), (b) and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS SCONSFQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		F 2 F	
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	S	sign ph	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
3 9 9 9 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 1206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	1/	ding ding seen the	20 DATE OF OPPORTION 100 CONDITION FOR WHILE OPPORTION WAS CEPTORALED 20. NITORING 20. IF WE WERE PROPRIED IN CONTINUES.
CAUSES OF DEATHS	N	das transfer das t	200. ADJOPST 120. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. ADJOPST 200. TO 15, WERE PHOLINGS CONSIDERED IN CERTIFING
YES NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		F P P P P P P P P P P P P P P P P P P P	210 ACCIDENT WAS HINDERLYING 1235 TIME OF INITION 1235 HOW INITION OF COLOR
TO ACCIDENT WAS UNDERCISING OF INDURY OF PAIR TO PAIR		fice of He	
HOUR A.M. Month Doy Year    County   Co		SIC spil serti red t. of	[If either, nonity medical examiner] P.M. 19
While Not while		PHY ne ho his c etack	While Not while OFFICE BUILDING, ETC.
22a. I certify that (I) (this hospital) attended the deceased from 1960, to 6/14, 1967, that (I) (we) too saw the deceased alive an 1967, and that in (my) (eur) apinian death acturred an the date and hour and from the causes stated above, (I) (we) (did) (ad not) view the bady after death.  ATENDING MED. STAFF 22c DATE SIGNED		N + + + ter	220. I certify that (I) (this hospital) attended the deceased from , 1960, to 6/14, 1967, that (I) (we) last saw the deceased alive an 6/12 1967, and that in (my) (eur) apinian death accurred an the date and hour and from the causes stated above. (I) (we) (did) (did not) view the bady after death.
22a. I certify that (1) (this hospital) attended the deceased from 1967, and that in (my) (ser) apinian death acturred an the date and hour and from the courses stated above. (1) (we) (did) (did not) view the bady after death.		Affin d b	saw the deceased alive an19 69, and that in (my) (evr) apinian death acturred an the date and hour and from the
E & B E E COUSES Stated abave, (1) (we) (did) (did not) view the bady after death.		Se Se sine de la company de la	
saw the deceased dive an interference of the deceased dive and interference of the decease stated above. (1) (we) (did) (and not) view the bady after death.    STAFF   22x DATY SIGNED   22x DA		RECT 3 ST	ATTENDING MED. STAFF
DEGREE PHYS. DIRECTOR			
A STATE (Type)		Manay RAL Self	
226. ADDRESS  226. ADDRESS  226. ADDRESS  226. ADDRESS  230. BURIA., CREMATION REMOVAL (Specify)  240. BURIA.		OSP 4 4 INEI	ON DUDIS COCHATION ON DATE 122 NAME OF CONTROL OF COCHATORY 1234 LOCATON (Ch
230. BURIA., CREMATION REMOVAL (Specify AL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote)  23d. LOCAT ON (City or Town) (County) (Stote)  23d. LOCAT ON (City or Town) (County) (Stote)		Shall shall	Prisonal II . II .
24. FUNERAL DIRECTOR  ADDRESS		Fr. F. UU	
JE, CONVELLY SONS 300 MACE DANUN 18 1969 Frances Judge			





	1	- 1		08054	DIVISION OF VITAL		W. PRESTON STREE				
-							TIFICATE OF D		,	0804	7
-	£ _2£			CEASED-NAME First		Middle	Lost		ATE OF DEATH		2b. HOUR
	haurs after death.		(1	ype or print)IRENE	alle are	S.	LEVITT		JUNE Month 22 Boy	1969	1 P. M
	for ser		3. SE		4. RACE		S. DATE OF BIRTH	1	6. AGE (In years	IF UNDER I YEAR	HOURS MIN
	s of the tage rs al			FEMALE	WHITE		MARCH 1	14, 1906	63" YRS.	MORENS DATS	Allow Cycons
	haurs after by the fur s. Pages 1 haurs after		7a B coun	IRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUN	17%	ARRIED 🔲 NEVER MARRIE		NTY OF DEATH		
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	y filled	1	10. C	BALTIMORE	give street odd PROFES	PSPITAL OR INSTITUTI (ess)	ON (If not in hospital  OUSE	during most of w	PATION (Kind of work done orking ute even if retired )	126 KIND OF BI	USINESS OR DME
	d witl letely arbar nt, wi		13a	USUAL RES DENCE (Where decease	d loved of institution Pacie	lanca hafara 193r		INSIDE CITY LIMITS?	13e STREET AND NUMBER	NI III	TIVIL
	erecepted with	1	admı	STATE MARYLAND	136 COUNTY BALTI	MORE	Y	ES NO 🔀	15 WARREN PARI	K DRIVE	#8
	E PE BE	,	14. F	ATHER'S NAME First	Middle	Last	1s. MOTHER'S MAIDI		Middle		Last
	Sering	1		JACOB		SCHAFTEL		SARAH			?
e law requires that the death certificate be executed within 24 tending physician.  as been signed by the attending physician and completely filled as the burial-transit permit. Then please remove carban tape priar ta burial, crematian, or remaval, and in any event, within 72.		1		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (" yes greet with	ED FORCES? (16b SQC ir or dotes af service)	IAL SECURITY NO	MR. JOSEPH	LENTT	Address  9001 BRUNO RO	ባልብ ውልክ	TOWN NDALLS-
	certi g ph Then may			18 CAUSE OF DEATH (Enter onl	one couse per line for Let	(b) and (c))	INIKA JUSELI	L LL Y & I.L.	//	APPROXIMA	ATE INTERVAL SET AND DEATH
	e death ce attending permit. Th an, or rem			PART I DEATH WAS CAUSED	BY TE CALSE (a)	10tas	atra Ca	cuns	na V	2 -	Za- Z
	afterd afterd permit.			i immersia	DUE TO, OR AS A CONS	EQUENCE OF	of me	ch			
	the the saft p			Conditions, if any, which gave	(b)	3	1 0 -				
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1	equires that to physician. signed by the burial-transit burial, crema			last )	(c)						
5	requipe by sign			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT REI	LATED TO THE TERMINAL D	<del>isla</del> se or conditio	IN GIVEN IN PART I(a)		
1	the law reattending has been se as the hariar ta		NOIT	19a, DATE OF OPERATION 19b. (	ONDIT ON FOR WHICH OPER	ATION WAS PERFORA	AED 200 AUTOPSY	Y?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CER	ETIFYING
	AN: The law rail ar attending cate has been ar use as the Health priar ta	1	CERTIFICATION	May 1969	Ca 9 Sto	mad	YES 🗆	NO X	CAUSES OF DEATH?		
	YSICIAN: nospital ar certificate thed far use			210 ACCIDÉNT WAS UNDERLYING		Day Year	21c. HOW INJURY OCCUR	RED (Enter nature	of injury in Part 1 or Part 2, 1	tem 18.)	
	Pita Pita Pita Pita Pita Pita Pita Pita		MEDICAL	(If either, notify medical examin	er} PM	19					
	Page 4 may be retained by the hospital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and toppletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papel should be filled with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72.		W	21d. M.JRY OCCURRED 21e. While Not while 1	PLACE OF INJURY ( AT HOME OFFICE BU	FARM, STREET FACTORY.)	21f. LOCATION Street of	r RFD. No	City or Town	County	State
	Joing J by th After the did be did		Ш	22a. I certify that (1) (the	s haspital) attended A	he deceased fr	000	, 1966	ta 6/24, 19	69, that	(1) (we) last
	ENDI ned b R: Af old b			22a. I certify that (1) (the saw the deceased all causes stated abave	ive an	19 <u>6</u> View the bady	and that in (my)	(aur) apinian d	eath accufred an the dat	te and haur a	nd fram the
	ATT etain Sha with			22b. SIGNATURE		2-12-		1 MED		ATE SIGNED	1,
	OR be r	2		Frona	ed fot	yn	DEGREE PHYS	DIRECTOR	D STAFF D 6	0/23/	69
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should	F		22d PHYSICIAN S NAME (Type) LE	ONARD KOTZ	5	220. ADDRES		ADE AVENUE	/ /	′
	UNE UNE ectal	2	23o	BURIAL, CREMATION, 236 D		C NAME OF CEMET	ERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	5 5 5 pig	N		REMOVAL (Specify)	23-69 B	ALTIMORE	HEBREW	BA	LTIMORE, MARYL		
	VR A15 (4	}	24 \$7	FUNERAL DIRECTOR  LEVINSON & B	ROS.,6010 RE	ISTERSTO	WN ROAD 25	So. REC D BY REGIS			
	30M REV 17	68		L LEVINSON & D	NOO+ , OUT O INC		D	JUN 2 6	1969 Killand	as Judge	



121		08055	DIVISION OF VITAL RECORDS,		DEPARTMENT OF ESTON STREET BAI		ARYLAND 21201		
J. Santa		00000			ATE OF DEATH		ALLEGID 21201	0804	8
		CEASED NAME First ype or print)	Middle	T-	Lost	20. DATE	OF DEATH Doy	Yeor	750 M
	3 SE	HARR	Y CHARLES		IMMER  S DATE OF BIRTH		6 28	69 IF UNDER 1 YEAR	IF UNDER 24 BRS
-		MALE	White		4-11-26		lost birthday) 4.3 YRS.	MONTHS DAYS	HOURS MIN
	7o E cour	IRTHPLACE (State or foreign Md •	75 CITIZEN OF WHAT COUNTRY? USA	B MARRIED WIDOWED	NEVER MARRIED	P. COUNTY	OF DEATH		
		TOWSON	11 NAME OF HOSPITAL OR INST give street address) GREAT BAL	TUTION (If no	in hospitol 120 US D • CEN during	UAL OCCUPATION	PIMORE Co. ON (Kind of work doneing life, even if ret.red.)	126 KIND OF I	Md BUSINESS OR
	13o. odmi	USUAL RESIDENCE (Where deceos stron) STATE I.f.d.	ed lived, if institution Residence before	Balti	TOWN 13d INSIDE CIT		STREET AND NUMBER	Ld Rd.	
	14 F	ATHERS NAME First  J.	Middle Lost H. Limmer	15	MOTHER'S MAIDEN NAME	Frst ANNA	Middle M	Deck	Lost War
	160. Y	WAS DECEASED EVER IN U.S. ARM es, no. or unknown) (1 yes give w Yes	AED FORCES? ar or dates of serv (e)  16b. SOCIAL SECURITY NO 21.3-20-051		formant len Limmer	same	Address		
		Conditions, if ony, which gove rise to Immediate couse (a), stoting the underlying couse lost.	Ay one couse per tine for (a), (b) and (c)) DBY: TE CAUSE (a)		THE TERMINAL DISEASE OI	R CONDITION G	VEN IN PART I(o)	BETWEEN ON	MATE HATEVALI SET AND DEALH  YE •
l	CERTIFICATION	1	CONDITION FOR WHICH OPERATION WAS PERI	ORMED	200 AUTOPSY? YES NOW	CA. 11	IF YES, WERE FINDINGS CO	INS DERED IN CE	RTIFYING
F T T T T T T T T T T T T T T T T T T T	3	JUNE, 1968 210 ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAUSE OF DEATH (If either, notify medicol exomin	HOUR A.M. Month Doy Year P.M. 19		V INJURY OCCURRED (En	ter noture of in	jury in Port 1 or Port 2, l	tem 18)	
		21d M.JRY OCCURRED 21e. While Not while 1	PLACE OF INJURY (AT HOME FARM, STREET FACTOR OFFICE BUILDING, ETC.	) 21f. LOC	ATION Street or R.F.D. N	lo. Ci	ty or Town	Ytnuo3	Stote
		22a. I certify that (IX (thi saw the deceased of causes stated above 22b. SIGNATURE	s hospital) attended the deceased ive on JUNE 28 19 19 (did) (status) view the bo	fram 69 ond ady after de	5/14, 19. that in (my) (sux) o eath.	69 , to_ pinion deoth			(I) (We) lost and from the
		22d. PHYSICIANS	Thoi M.O	DEGREE		MED DIRECTOR	STAFF Noon I	ATE SIGNED -28-69	
		NAME (Type) Dr. I	B. R. CHOI, M.D		22e ADDRESS 6701 N			21,20	4
L		Pul Lal	23c NAME OF CE Cardens	METERY OR C	ith Cemeter	ту В	on (City or Town) altimore, M		(Stote)
	24_ I	unera, director eonard J. Ruck	, Inc. Balto. Md. 2	51214	250 RECD	BY REGISTRAR 1 196	9 Propries	SIGNATURE	Ča .





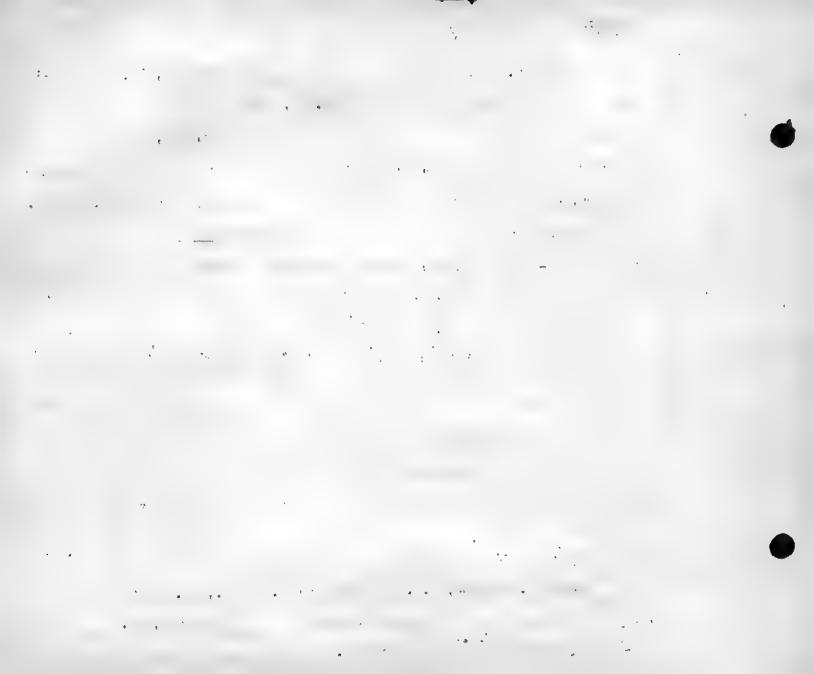
-		DIVISION OF VITAL RECORDS,	301 W PRESTON STREET RA		
	08057		ERTIFICATE OF DEATI		08050
1.	DECEASED NAME First [Type or print]	Middle	lost	20. DATE OF DEATH	2b. HOUR
L	Tev. JOHN	G.	LINK	JUNE 28	1969 8:10 M
3.	SEX MALE	4 RACE WHITE	APRIL 25,	1928  6 AGE (n years lost birthday) 17 YRS	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ ] NEVER MARRIED [ ]	9. COUNTY OF DEATH	
10	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALIMORE 21234	Md
10	TOWS ON 21204	11 NAME OF HOSPITAL OR INS give street oddress ST. JOSEPH	HOSPITAL.	SUAL OCCUPAT ON (Kind of work done most of working life, even if retired.) PRIEST	12b KIND OF BUSINESS OR INDUSTRY
130	USUAL RES DENCE (Where decease	ed lived, if institution. Residence before	13c CTY OR TOWN 13d INSIDE C		
	mission) STATE	13b. COUNTY BALTIMORE	PARKVILLE YES	NOX 8801 Harford	Rd. 21234
14	FATHER'S NAME FIRST	Middle Lost	15. MOTHER'S MAIDEN HOW		1 CW 1991:
16	O. WAS DECEASED EVER IN U.S. ARA		O 17 INFORMANT	Smith Offen	Folk My
-	18. CAUSE OF DEATH (Enter on	y one couse per line for (n) (h) and (c))	1071.101.1 101.14	171111. 01121	APPROX MATE INTERVA
		O BY. ATE (ALSE (o) <u>Cardio-respi</u>	ratory insuffici	encv	BETWEEN ONSET AND DEATH
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_		IDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE (	DR CONDITION GIVEN IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
RTIFI			YES K NO	-	
MEDICAL CE		HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or Port 2, I	tem 18.)
WED	21d INJURY OCCURRED 21e While Not while at work at work	PLACE OF INJURY ( AT HOME FARM, STREET FACT OFFICE BUILDING, ETC.	ORY ) 215 LOCATION Street or R.F.D.	No. City or Town	County State
	22e I certify that (th	s haspital) attended the decease	fromJune 27, , 19	9 69 , ta June 28 , 199 Opinian death accurred an the da	69 , that (14 (we) last
	saw the deceased a causes stated abave	live an <u>June 28 19</u> 2, <b>%) (</b> we) (did) ( <b>ARESS</b> View the b	7.ロソニ, and that in (阿子) (aur) c ady after death.	apinian death accurred an the da	te and havr and fram the
	22b SIGNATURE	4.	ATTENDING	MED STAFF ST In	DATE S GNED
	22d DHYS CIANS	ween mi	DEGREE PHYS	DIRECTOR DISTAFF FINANCIAL STAFF	ne 28, 1969
	NAME (Type) Chris	tina Feliciano, M.	22e ADDRESS 7620 Yo	rk Road, Towson 4,	Maryland
230	REMOVALISPECAL)	1 . 12/4   15 /	EMITERY ON CREMATORY	23d LOCATION (CPY, O) TOWNY TO	(County) (State)
24	HAS F EVAN Y	Son 8802 HADRESS	Red Red 250 RECC	D BY REGISTRAR 25b. REGISTRARS 1 1969 GCLOWLE	
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6-1		/3/65 117 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08051	
7	ľ	08058 CERTIFICATE OF DEATH	
death death.		CEASED NAME First Middle Light 20 DATE OF DEATH 20, HO  When or print) Henry W Lot Wing 25 Day 6 Year 92	OUR M
offer of the state	3 5		HRS
within 24 habssely filled in the ban papers within 72 hours	7o :	IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARQUED CT MEYER MARQUED CT NEWER MARQUED CT NEW MARQ	Md.
rithin 24 h	10. (	11 NAME OF HOSPITA. OR INSTITUTION (I not in hosp tal 120 USUA. OCCUPATION (Kind of work dane give street address)  Battimus 98 Shipping Bary	
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ond comp	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN WAME FIRST Middle Lost	
ificate ys ician ys ician please al, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 15s, no. of unknown) (If yes give wor or doles of service) 215-01-5390	
requires that the death certificate by executed within 24 halking physician.  I signed by the attending physician and completely filled in the surial-transit permit. Then please remove carban papers a burial, cremation, or remayal, and in any event, within 72 hours.		18. CAUSE OF DEATH (Enter only one couse per line for (n), (b) and (c) )  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	<b>Z</b> .
equires that the physician. signed by the buriol-transit buriol, cremati		Conditions, if ony, which gove nse to immediate couse (a), stoting the underlying couse (b).  Due TO, OR AS A CONSEQUENCE OF (c)	<u>_</u>
e faw requerending phosphare signer to but prior to but	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
돈 한 번 하는 ~	CERTIFICAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?	
PHYSICIAN: The be hospital or otte his certificate has stacked for use a Dept. of Health pr	MEDICAL CE	216 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year P.M. 19	
DING PHYSICIAN: The by the hospital or ot ffer this certificate habe detached for use State Dept. of Health	W	21d IN.JRY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City of Town County State of While of Work of Work	re .
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health		saw the deceased alive an	last the
D HOSPITAL OR ATTENIONS oge 4 moy be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the		226 SIGNATURE  ACTION DEGREE ATTENDING MED. DIRECTOR DIRE	
TO HOSPITAL Page 4 moy TO FUNERAL I director, pag	220	NAME (Type) 3 Hop server that 3326 his described fill facility	4
120	L	REMOVA. (Specify) 6-28-1969 London Part Cemelery Trederick Fre-Balto-Md	-1.
VR A13	8	S. Mac Wall Bulfo 24 m 2 DAUN 30 1969 Willenlay Judge	



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08059 08052 CERTIFICATE OF DEATH DECEASED NAME First Lost 2a DATE OF DEATH 26. HOMEV Middle (Type or print) CHRIS June 2 C. LOVE 8:30 M 4 RACE 3 SEX S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male lost pirthday) MONTHS I DAYS HOURS Can Nov. 11, 1900 To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED countrientucky USA Baltimore. WIDOWED DIVORCED | the attending physician and completely filled sit permit. Then please remave carban pap 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done Within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) Last during most of working life, even if retired) Moustry Maintaince Essex 21221 Riverside Ave 130 USDAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13rl INSIDE CITY LIMITS? admission) STATEMaryland 13b COUNTY 1 timore YES [ 100 Essex 21221 333 East Riverside Ave burial, cremation, or remayal, and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost M.ddle Charles Love Margaret Love 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Address Yes, no or unknown) 170 18 9156 Olive Love Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line\_tan(q), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR Conditions, if any, which gave ) signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal has been 19g DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? detached for use on the Dept. of Health p NO PA YES 🔲 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M directar, page 3 shauld be detache shauld be filed with the State Dept. 21d INJURY OCCURRED AT HOME FARM, STREET, FACTORY. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 1 10 (ac accor & 19 (2) to 22a. I certify that (I) (this haspital) aftended the deceased from... 1921, and that in (my) (🖦 ) apinian death accurred an the date and haur and fram the saw the deceased alive on June 3 shauld causes stated abave, (i) (WE) (did) (did not) view the body after death. 22b SIGNATURE DIRECTOR 22e. ADDRESS TO HOSPITAL 22d. PHYSICIAN'S NAME (Tyn Eugene C. Baumann, M.D. 413 Fastern Ave. Balto. Md. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT.ON (City or Town) 23a BUR AL CREMATION (County) (Stote) Oak Kawn Cemetery Baltimore, Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bruzdzinski Funeral Home 1407 Eastern Ave. 30M REV.





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	_ ]	П	08063		DIVISION O	F VITAL RECORDS	5, 301 W. PR	ESTON STREET, BAI	LTIMORE, MA	ARYLAND 21201		
	•	П	44414444	B.,			CERTIFIC	ATE OF DEATH			0805	4
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	fun 1	3. 5	EX		4 RACE			S. DATE OF BIRTH		6. AGE (In years		1E LINDER 24 HRS.
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	filled pap	10.	CITY OR TOWN OF	DEATH	11	LANE OF HOSPITAL OF	NSTITUTION (If no		UAL OCCUPATIO	N (Kind of work done	12b. KIND OF B	USINESS OR
	· ● ● ● ● · · · ·	L	Catons	ville	give	211 Cher	rydell	Road during	Housew	g life even if retired )	INDUSTRY	
	- t t t	13a	USUAL RESIDENCE	(Where decease	ed lived, if institu	utian-Residence before	e 13c CITY OR			TREET AND NUMBER		
	E 8 8	State	nazioni) zince	Md.	13D COUNTY	Baltimor	e Cato	nville	NO □ 2	ll Cherr	ydell R	oad
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	requires that the death certificate be executed in physician.  Signed by the attending physician and complete burial-transit permit. Then please remained burial, cremation, or removal, and in any event.	L	Mich		?	Bavo		Mary		?	Cappor	icha
	ertificate be physician c ien please oval, and ir	160	WAS DECEASED E	VER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURIT	1	FORMANT		Address		
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7	equires that the physician. Signed by the considerable by the constraint propriet, cremation burial, cremations.	ı	PART 2 OTHER S	SIGNIFICANT CON	n. /	0 4	NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIV	EN IN PART I(o)		
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4,	AN: al a icat icat for Hea		210 ACCIDENT V  OR CONTRIBUTING					W INJURY OCCURRED (En	ter nature of in	ury in Part 1 or Part 2,	item 18.)	
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	bing PHYSICIAN: by the haspital ar After Allis certificate be detached for u State Dept. of Heal	1	21d INJURY OCC While Not w at work at w	hile 7	PLACE OF INJURY	OFFICE BUILDING, ETC.	MCISIKT. ) 21F LOI	CATION Street or R.F.D. I	No. Cit	y or Town	County	State
	te G		at work at w	ork - (1) (Ab.	- h:4-:N -4	4		9 10	12 to 1	. a > 0 1	) / Ø AL-A	//\ /\ \ \ \ \ .
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12		2242		IVISION OF VITAL RECORDS			MORE, MARYLAND 21201	0.00	
-17		08062		CERTIFICATE OF DEATH				080	55
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fun 1	3. SI	X		4. RACE	S. DATE OF E	BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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filled pape	10. (	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR I	NST(TUTION (If not in haspital		OCCUPATION (Kind of work don	e 126. KIND OF	BUSINESS OR
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int,	13a	USUAL RESIDENCE (Where		lived, if institution Residence before		13d. INSIDE CITY LIMIT	13e STREET AND NUMBER		
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and co	14.	FATHER'S NAME First		Middle Lost	15. MOTHER S N	AAIDEN NAME First	Middle Middle	4	Last
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The law re attending hos been se as the h prior to	SATIO	190. DATE OF OPERATION	19b. CO	NDITION FOR WHICH OPERATION WAS I	PERFORMED 20a AUT	OPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
	CERTIFICATION				YES [	NOX.	CAUSES OF DEATH?		
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the this detce		at wark at wark							
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AL O		22d. PHYSICIAN'S		<u> </u>	22e. AD	DRESS		0/-0/-	
PIT, mo	١.	NAME (Type)	GEO:	RGE PICKLER.M.	л	6701	N CHARLES S	T	
TO HOSPITAL OR ATTENDING Page 4 moy be retained by to FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	23a.	BURIAL, CREMATION,	23b DA		F CEMETERY OR CREMATORY		23d LOCATION (City or Town)	((aunty)	(State)
Page of page o	1	MEMOVAL (Specify)	6-	27-69. MARI	land Memo		BALtimak	e, md	-
		FUNERAL DIRECTOR		ADDRES		250 REC'D BY		R'S SIGNATURE	Jel .
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1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			08056
TEALTH DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME F1st M-ddle Lost	
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3 to 3 to 6 pge	3 S	Table 1 and	00 - 1676 AM
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A-6-6	70 000		
fer death Give Pages ang with far th the State ith.	10.0	TYY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	Md
after death 8. Give Pages along with fa	10 6	The water oddress)	126 KIND OF BUSINESS OR INDUSTRY
er d iive og v or th	122	UNDALK 6814 MAKTIF POUT SHEET WILL	JTIBELMI-GR
s after 18. Giv along with 1		drugs on STATE 136 COUNTY?	1 11/15
	14.6		MANIE
hours office	14 1	ATHER'S NAME First Modle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
2 5 7 2/2	17	A. L. MACKEY ISLLEN ONIELL	
within 24 pencl in xaminer's ile pages 72 haurs	()	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS  (es, no, or unknown) (Illy or give wor or do es of separal)	SAME
		4E) W.W. 1 \$10 09 - 2000 HMELIA M. MARKET-WIFE	
		18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (d) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWIEN ONSET AND GEATH
executed and and and and and and and and and an		IMMED ATE CAUSE (0)	
e execut pending ef Medico isit permi		DUE TO, OR AS A CONSEQUENCE OF	
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shauld be executed the word "pending" of the Chief Medical bunal-transit permit.		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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NER: This certificate shauld e certificate, writing the word should be farwarded to the Clifles. 3 shauld be used as a burial-traition, or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica ardec d as	NO	10 DITE OF OPPORTION	The Marches
his certification with the farwar	ICATI	190 DATE OF OPERATION 196 CONDITION OR WHILE DEFENDING	20 AUTOPSY?
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rer rer sha sha	MEDICAL	CAUSE OF DEATH P M 19 121d INJURY OCCURRED 121e PLACE OF INJURY (At home, form, street 121f LOCATION Street or R.F.D. No. City or Town	
	2	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, white not white factory, office building, etc.)  21f LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY CICAL EXAMINER: cessary, please execute the cert in funeral director. Page 4 should may be retained for your files FUNERAL DIRECTOR: Page 3 should the prior to burial, cremation, all the prior to burial, cremation.		AT WORK   AT WORK	
CAL E) e executor. Paged for year		220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry [	
blease ey director. etained DIRECTO		death resulted from Natural causes 🗹, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined mannel	
please e l'director retained		CHIEF MEDICAL EXAMINER	
JTY please eral drece eral drece be retaine RAL DIRE		SIGNATURE MD NOTIFIED TO STANFORD TO STANF	ESIGNED 26-1969
DEPUTY scessary, e funera may be FUNERA		I EXAMINEC 22	
necessary, the funeral s may be to FUNERAL Health pri			UNDACK \$ 21223
50 5 5 5 5 5 5 5 5 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	230	BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	0.0	BORING 6/27/1969 BALTO, NATIONAL BIALTIMERE	nx
VR AT SME (5)	1	FUNERAL BOTECTOR DESCRIPTION AND AND AND AND AND AND AND AND AND AN	
10M REV 1/68		DANUN 2 7 1969 Villean	las Josephan



$\downarrow$	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08057
,	Item12 FilmC413 6/20/69 kk CERTIFICATE OF DEATH	00001
. 1,	PLACE OF DEATH  a. COUNTY BALTo.  2. USUAL RESIDENCE (Where deceased lived, if institution. Re a. STATE BALTO.  MARYLAND  BALTO.	
	b CTY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)  Cabonsville  Md.	d give neorest town)
	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS	e IS RE
L	House of the Fines-Catonsville 2604 Gehb Avenue	YES [
3	NAME OF DECEASED (Type or point) Dominick (Domenico) Marino Lost 4 DATE OF DEATH TORE	13 1
S.	m WIDOWED DIVORCED 06/20/1888 BO yrs Mon	
	D. JSUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, ar fareign country)  I taly	2 CITIZEN OF WHAT COUNTRY?  Italy
13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Marino	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.   17. INFORMANT Address	
	es, no, ar unknown) (If yes give war ar dotes af service) 217-56-4262 Frances D. Cullum, 2602 Gehb Av	e., 2122
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) 525 221 AVT CAUSE  IMMEDIATE CAUSE (o) 525 221 AVT CAUSE (o) 625 575	INTERVAL ONSET AN
	Conditions, if ony, which gove (b) Inchit from	64
	stoting the underlying couse Large MASS hipleft Biopsind April 1968 Necroti	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPORAL DISEASE CONDITION GIVEN IN PART 1(0) Hope of Fan B.K. 1214 for	PERFO
L CERTIFICATION	200 ACQUENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  p.m. 19   20d INJURY OCCURRED While of wark of outpurk of foctory, street, office bldg., etc.)   20f (City ar town)   20f (City a	(Colinty)
	21 1 certify that (I) (this haspital) attended the deceased from	19, that (I
	THE SIGNATION TO THE TOTAL TO T	on the date sto
	M.D M.D PHYS DIRECTOR D PHYS D	6/13
	22c. PHYSICIAN'S WE M. Grath n. D. 1303 Frederick R.	(128
23	O. BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County)
	Burial 6/17/69 New Cathedral Cemetery Baltimore, Md.	
1	Witzke Ald Edmondson Ave. 21669	R'S SIGNATURE
L	DATUN 1 7 1969	10





t	_	. Zi		A	MARYLANI	) STATE DEPARTMENT OF I	HEALTH	
4	— 1 <i>}</i>			08066		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	08059
	. 2	- 1	) DE	CEASED-NAME UTTA		Marptin	2a. DATE OF DEATH	Tal none
	be executed within 24 haurs after death.  of and completely filled in by the funeral e remave carbon papers. Pages I and 2 I in any event, within 72 haurs after death.			ype or print) Marian	Edna	Martin	6 Manth 8 Day	69 <sup>Year</sup> 25 Hour.
	fun fun	ľ	3. SE	X	4 RACE	S DATE OF BIRTH	6 AGE ( n years	HE UNDER 1 YEAR   HE UNDER 24 HRS.
	s aft the ages rs aft			Female	Cauc.	Sop=1718	9/ last buthday) YRS.	MONTHS DAYS HOURS MIN
	aur by		7o 8		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	d in pers		coun	Dalto Ma	U. S. A. 1	WIDOWED DIVORCED	Baltimore	Md
	hin fille		10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST give street oddress)	TUTION (If not in hospital 12a, USU	AL OCCUPATION (Kind of work done post of work no life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
	wit rbo	1	10-	Towson		o. Med.Center	ost of work ng life, even if retired )	Saloshady
	ricate be executed within 24 hr. rsician and completely filled in please remove carbon papers. It, and in any event, within 72 h.	-	adm:	usual RESIDENCE (Where deceased sign) STATE M	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY IN	The state of the s	iton Ava 1
	y co		14 F	ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	lost
1	in a direction			laba 1	Forsythe		artield	5033
(	and good	ľ		WAS DECEASED EVER IN U.S. ARMED	FORCES? 166, SOCIAL SECURITY N		Address	
1	requires that the death certificate g physician.  n signed by the attending physician e burial-transit permit Then pleas a burial, crematian, ar remaval, and	_	Y	as, no, or ufiknown) (If yes give war o	- 2170755	30 Erma EGas	S 9 F. Map	el Ava
	cert g pl	ı		18 CAUSE OF DEATH (Enter only				APPROX MATE INTERVAL
	at idin	- 1		PART 1. DEATH WAS CAUSED 8	Arterioscle	rotic cardiovascul	ar disease	BETWEEN ONSET AND DEATH
	dec tten tten n, al			1/121/	DUE TO, OR AS A CONSEQUENCE OF			
	the are a			Conditions, if ony, which gave				
	y #			rise to immediate cause (a),	(b)			
	d b			stoting the underlying cause	(A)			-
	luire igne uria			PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
4	v required prince princ		×	Carcinoma of	bladder with meta	stasis.		
6 2	be di la	7	CERTIFICATION	19o. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER		20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
No.	The att att see		Ē			YES NO		ES
	I ar 1 ar cate ar u 1eal		9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part 2, to	tem 18.)
	pite pite at to af to		MEDICAL	(If either, natify medical examiner	P.M 19			
	OR ATTENDING PHYSICIAN: be retained by the haspital ar JIRECTOR: After this certificate e 3 shauld be detached far ued with the State Dept. af Heal	- 1		771710	ACE OF INJURY (AT HOME, FARM, STREET FACTO	21f. LOCATION Street or R.F.D. No	City or Town	County State
	de # # de		- 1	di walk di walk	haraitally attanded the decrees	from 8 P.M6/8 19	60 to 6/8 10	60 that (1) () to a
	Aft de St			saw the deceased aliv	e an 6/8 19	69, and that in (my) (our) an	inion deoth occurred on the dot	te and have and from the
	Time Signature of the state of	ı		couses stated above, (	(we) (did) (did not) view the b	ody after death.		o dila naoi dila nom mo
	Per	ı		22b. SIGNATURE	1-0-	ATTENDING	MED. STAFF 60	DATE SIGNED
	OR be DIR	7			102/ mun		DIRECTOR L.J. PHYS. X.J.	6/9/69
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72.			22d. PHYSICIAN'S NAME (Type) Rudig	er Breitenecker,	M.D. 22e. ADDRESS N. 6701 N.	Charles Street	
	IOSI UNE CCTO		23n	BURIAL CREMATION 23b. DA	TE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Pog of short			PETOVAL (Specify)		1 13 . 6	FredorickRo	1 Bo Ho Md
	<b>*</b>		24-	INERAL DIRECTOR	ADDRESS		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
	VR A15 (4)	C	1	Suppel R	rea. Mc. 7110/	3 elain Ral DATUN	12 1969 /Charl	as Judges
	2.	11 8						



<del>-14-</del> 1		08067	DIVISION OF VITAL RECORDS,	301 W. PRESTON S CERTIFICATE O	STREET, BALTIMOI		08060
<u> </u>		ECEASED-NAME First	Middle	Lost	20.	DATE OF DEATH	2b HOUR
g g g g	1	Type or print)  John	Pennington	McComas		June 7	69 7.25PM
E (4) 3	3.5		4. RACE	S DATE OF	BIRTH		IF UNDER I YEAR   IF JINDER 24 HRS
4		Male	White	1.1	L <b>-1-</b> 1897	last birthday) YRS.	PONTHS DAYS HOURS MIN
haur s. P	70	BIRTHPLACE (State or foreign ntry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED TENEVER M	ARRIED 9. CO	UNTY OF DEATH	
24 hc d in pers. 72 h		Maryland	U.S.A.	WIDOWED DIV	VORCED 🔲	Baltimore	Md
did-completely filled in by le transaction only event, within 72 haurs after death in any event, within 72 haurs after death		CITY OR TOWN OF DEATH TOWSON	11 NAME OF HOSPITAL OR IN give street oddress) St. Jose	h Hospital	12a USJA. OCC during most of Sup.	UPATION (Kind of work done working te, even fretired.) Maintanence Bal	12b KIND OF BUSINESS OR INDUSTRY Cimore City.
e executed and confidence confirmant, event,	13o. odm	USUAL RESIDENCE (Where deceose HEARY Land	sed lived, if institution Residence before 130 COUNTY DALLIMORE	13c CITY OR TOWN Granite	13d. INSIDE CTY LIMITS? YES NO NO	13e STREET AND NUMBER Woodstock P.	
da d	14	FATHER'S NAME First	Mrddle Lost	1S MOTHERS	MAIDEN NAME First	M ddfe	Lost
/ [ 7 ]	L	Robert G. McCo			Lillian	W. Watts	
The law requires that the death certificate be attending physician. The seen signed by the attending physician as as the burial-transit permit. Then please in prior to burial, cremation, ar remayal, and in	160	WAS DECEASED EVER IN U.S. ARM Yes, no pseunknown) (If yes give v	MED FORCES? wor or dotes of service)  212–22–94		McComas Gr	Address anite Maryland	Woodstock P.O.
The D		1B CAUSE OF DEATH (Enter on	nly one cause per line for (a) (b) and (c).	)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death attendin permit. an, ar re		PART I DEATH WAS CAUSE	D BY. ATE (ALSE (o) Carcinom	a of the par	ncreas with	n extensive	at white and the bight
ie death attendi permit. ion, ar ri		1 " "	DUE TO, OR AS A CONSEQUENCE OF		tastasis.		
t the the sit particular		Conditions, if any, which gave					
tha an. by ran		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF				
quires that the physician. signed by the burial-transit burial, cremat		lost.	(c)				
Physical Phy	L	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ON GIVEN IN PART 1(0)	
A PER PER	l z	Bronchopneu					
YSICIAN: The law re aspiral or attending certificate has been hed for use as the ort. of Health prior to	F.CATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AU	ITOPSY?	20b IF YES, WERE FINDINGS COI	NS DERED IN CERTIFYING
The aff	CERT.F.			YES E		CALSES OF DEATH?	
AN: I or cate		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c HOW INJURY 6	OCCURRED (Enter notui	e of injury in Port 1 or Port 2, Ite	ım 18.)
printing and the second	MEDICAL	(If either, notify medical examin	iner) P.M. 19				
PH he h this efact	28	21d. 1N JRY OCCURRED 21e While Not while at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY) 216. LOCATION Sti	reet or R.F.D. No	City or Town	County State
ING by ther frer be d		220 I certify that (*) (th	is hospital) attended the decease	ed from5/	28/ . 19_69 .	to 6/7/ , 180	, that (F (we) lost
END led Jld The t		sow the deceased a	e, <b>10</b> (we) (did) (did not) view the	69 ond that in b	XXX) (our) opinion	deoth occurred on the dote	ond hour ond from the
A Trip 12 SE		22b SIGNATURE	e, to (we) (did) (did flor) view file	body offer deom.		22, 04	ATE SIGNED
d w 3		Cil	llini MD.	DEGREE PHYS	DING MED DIRECTO	STAFF FED C	8-69
A C C C C C C C C C C C C C C C C C C C	1	22d. PHYSICIAN'S		22e. Al		11(13	
FO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRICTOR: A director, page 3 should should be filed with the		NAME (Type) Ines	Cilliani, M.D.	76.	20 York Rd	Towson, Md.	21204
HO:	230		DATE 23c NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (CITY OFFICIANO)	(County) (Stote)
5 5 5 5 7 V				e Presbyter:	ian Ch. Ce	m. Granite Mar	yland 21163
VR A15 VAU		FUNERAL DIRECTOR	ADDRESS		2Sa REC D BY REG		
45M - 1/69	Lo	ring Byers 872	28 Liberty Road. Ra	ndallstown	DATE IN 1 0	1939 McLenne	· 17





		ı			ND STATE DEPARTMENT OF		
	1		00000	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	
7			08069		CERTIFICATE OF DEATH	•	08062
÷	_ 2-£		CEASED NAME First	, Middle	Lgst ,	20. DATE OF DEATH	
hours after death	ond seath	-{	ype or print) Ann	abelle	Mc Cullough	Month De	2b HOUR 530 M
ja ja	自大學	3. SI	X Y	4. RACE	5. DATE OF BIRTH O	6. AGE (In years	IF UNDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s of	4 8 7	L	temale	White	- 19-14-	1883 lost birthday) YRS	
TO OU	200	70 (00)	IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24	Tage 1	_	70,0.	U.S.	WIDOWED DIVORCED	Daltimor	
		10 9	TY OR TOWN OF DEATH	A 1   Give street address) . [		UAL OCCUPATION (Kind of work done most of working life, even if retired.)	
W	ar a	130	LATONS VIILE	ed lived, if institution, Residence before	13c, CITY OR TOWN & 13d INSIDE CITY	TIOUSE WITE	Home
cuted	and completely remaye carba	odm	ssian) STATE Md.	13b COUNTY Baltimo		NO 18219 Belo	ir Rd.
exe	and or remoin any	14	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	D 11 Lost
90	Se r		Thom		der	Sarah	Nohley
o 🗲 requires that the death certificate be executed within	al or attending physicion.  icate has been signed by the attending physician and campleter for use as the burial-transit permit. Then please remaye carban Health priar to burial, crematian, or removal, and in any event, with		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give v		17. INFORMANT 2424 MRS. MAC	HARdWICK 8	501 HARTORD RX
9	the attending parit the motion, or remo		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (a) BY:	))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eat	permit.		IMMEDIA	ATE CAUSE (0)	HELFLYNE CAM	4) - MAYECIAK	
je d	pen ian,		4109	DUE TO, OR AS A CONSEQUENCE O			
4 to	m si th	1	Conditions, if ony, which gove in rise to immediate couse (o), (	(b) 0185175	7777	DE INVERDATION	'
17 ×	physicion. signed by burial-trans	ı	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O			
uire uire	hysi gne urial			IDITIONS CONTRIBUTING TO DEATH RUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION CIVEN IN PART 1/a)	
0 2	10 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		TAKE E. WILLE SIDINIFICATI CO.	total contribution to pentil but	TO RESILD TO THE TERMINAL DISTAGE OF	CONDITION OF THE INTERIOR	
3 8	in a the life	ATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 2Do AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The law	# S S S	CERTIFICATION			YES NO	CAUSES OF DEATH?	
ä	l or cate ar u teal		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	2	21c. HOW INJURY OCCURRED (En	ter noture of injury in Port I or Port 2	, Item 18.)
300	affification of the state of th	MEDICAL	(If either, notify medical exami-	ner) P.M.	19		
OR ATTENDING PHYSICIAN:	Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	E	21d INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREEY, F OFFICE BUILDING, ETC.	ACTORY ) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County State
2	er the de de de de la de	1		is haspital) attended the decea	ed from 2/17 19	64 to 6/12 1	969, that (I) (we) last
<u> </u>	d by d by e St		saw the deceased a	live on 6/17	19 C. and that in (mv) (purl a	pinian death accorred on the d	late and haur and fram the
	ogne OR: Paul h H			e, (I) (we) ( <del>did</del> ) (did nat) view the	badý after death.	/	
₩ ×	DIRECTOR: A DIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE	N 110	DEGREE PHYS	MED STAFF	. DATE SIGNED
9	y be		22d. PHYSICIAN'S	1 HT WING A	22e, ADDRESS	DIRECTOR L PHYS. L	5/-1-7/-67
PIT/	ERA ERA Ir, P		NAME (Type)	had the Shape	1 400. 580V	EHMENDSON A	W. HALLER
HOS	ecto oulc	230.		DATE 23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION, (City or Town)	(County) (State)
10	Page 4 may b TO FUNERAL D director, page should be file	L	REPOVAL ROPE AVE 6	/16/1969 OAK	LAWN Cemerery		none Md
	VR AD 3(4)	24	FUNERAL DIRECTOR	4504 8802 ADDRES	o tood Kd	BY REGISTRAR 2Sb REGISTRAR	'S SIGNATURE
	30M REV TOOK	Ľ	MAS, J. ZPMAS	7/1	of loca var John	1 7 1969 / Clion	An Intelliget





08071		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL		
Item#2a, FilmGL1		CERTIFICATE OF DEATH		08064
1 DECFASED-NAME First (Type or print)	R FRANCIS TOS	EPH S.H. McKEGA	June 2g. DATE OF DEATH  June 2g	2b HOUR 1969 10 PM
3. SEX	4 RACE W	S. DATE OF BIRTH	6 AGE (In years last birthday) YRS.	IF UNGER I YEAR IF UNGER 24 HRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country)  HASS.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED   N	9. COUNTY OF DEATH  DALTIMORE	Md.
STEVENSON	give street oddress)	JULIE during 1	UAL OCCUPATION (Kind of wark dane mast of working ite, even if retired) TEACHER - RET.	126 KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where decea	ied lived if institution: Residence before 13b COUNTY BALTI MORE		LIMITS? 13e. STREET AND NUMBER NO DE VALLEY R	
14. FATHERS NAME FIRST FRANCIS	Middle Last PATRICK MC	IS MOTHER'S MAIDEN NAME CATHER		Last
16a WAS DECEASED EVER IN U.S. AR. Yes, no, or unknown) (If yes give	AED FORCES?  Var or dates of service)	NO. 17. INFORMANT	Dinvir - Ville	Julie
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE O  (b)  DUE TO, OR AS A CONSEQUENCE O	- Renal Vasa	CONDITION GIVEN IN PART I(a)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH  5 111 UNITES.
N I I I	CONDITION FOR WHICH OPERATION WAS F	YES NO E		
OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Month Day Yea ner) P.M.	r 19	er nature of injury in Part 1 ar Part 2 It	em 18)
While Nat while at work		ACTORY.) 21f. LOCATION Street or R.F.D. N		County State
causes stated abov	is haspital) attended the decea live an year 24 a, (1) (we) (did) (did nat) view the	sed from, 19 19 67, and that in (my) (aur) a bady after death.	62 to 94462519 pinian death occurred an the dat	e and haur and fram the
22b. SIGNATURE	HBurns 1	! A C   D	AAFD CTAFF	ATE SIGNED - 28-1968
22d. PHYSICIAN'S NAME (Type) HARD			RCY HESPITAL - 57	CAUL ST.
	2-28-69 It	cemetery or crematory		(Caunty) (State)
24. FUNERAL DIRECTOR	ansug P. For - Co	Concelle M DARU	BY REGISTRAR 2Sb REGISTRAR'S S	GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 08072 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.8065 CERTIFICATE OF DEATH DECEASED NAME Middle death. 20 DATE OF DEATH 26 HOUR after death (Type or print) 4 RACE 6. AGE (In years DE LUNDER 1 YEAR last birthday) DAYS HOURS hours 70 BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 🔀 WIDOWED and in any event, within 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a LSUAL OCCUPATION 125 KIND OF BUSINESS OR remove carbon give street oddress) GOV. PRINT 130 STREET AND NUMBER 7 50 3 KENLEA AUE f institution. Residence before 3d INSIDE CITY LIMITS? executed 14 FATHER S NAME Middle MOTHERS MA DEN NAME First ond Lost MACSS HOW ertificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, or unknown) director, page 3 should be detached for use as the buriol-tronsit permit. Then p should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c)) BETW. IN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HYDERTENSIVE ARTERIOSE EROTIC HEART CLUEBE Canditians, if any, which gave signed by the bur,ol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ERIOSCHEROSIS -PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖵 YES 🗀 TO HOSPITAL OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 23/14 1967, and saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (dec (cid not) view the bady after death. be retoined 22c DATE SIGNED DEGREE 22e ADDRESS EOWN M.D 230 BURIAL, CREMATION 23b. DATE REMOVAL (Specify)



	1 3	tem 9 & 13 Film NUCLON OF WITH PERCONNE AND WARRY AND GROOM
		13 Film Division of WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3413 6/17/69 JP CEPTIFICATE OF DEATH
		CERTIFICATE OF DEATH
4 _24	1. D	ECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b. HOUR
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er dea'	3. S	REV JOHN I FICLAUGHLIN S. J. JUNE 6 7.059 M  EX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 11 HAR ) IF UNDER 24 HRS.
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) y 6	1	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Lost
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4 2 2 3		MEV.J.J. UOLL S.J. WOODSTOCK. MD.
ne deoth cer ottending p permit. The		18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b) and (c))  APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
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it the or sit pound in antion	1	Conditions, if any, which gave) In Carthie Rend Wasendar drakes
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The law requires the oftending physicion. hos been signed by se as the buriol-tron th prior to burial, crer		[c]
Paging Man		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
the ing	3	
end for the state of the state	Ĭ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
X February	CENTIFICATION	YES NO CROSES OF DEATH?
or or cooling		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
문의 원모 H	ICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
Cert hed t. o		21d INTERLY OF TREE 21a PLACE OF INTERLY AT HOME FARM STREET, FACTORY AT 1 DICATION Street of R.F.D. No. City of Town County State
PH' e h itoc Dep		Mille Hell Miller
و في بيون		er vierr b. Herk
Step of the Step o	1	22a. I certify that (I) (this haspital) attended the deceased from
R: V		causes stated above, (I) (we) (did) (did not) view the body after deoth.
A Table 15 September 15 Septemb	1	226 DATE SIGNED
0.8 SEE of which we have		Horold H Burns n1 & FROEGREE PHYS 12 MED DIRECTOR 1 STAFF 1 4-7-1969.
7 d d d d d		22d PHYSICIAN'S 22e, ADDRESS // 22e, ADDRESS
KAI DE PER INC.	1	NAME (Type) HAROLD H. BURNS 8106 Harford &d. Belling Ma
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician, page 3 should be detached for use as the buriol-transit permit. Then pleshould be filed with the State Dept. of Health prior to burial, cremation, or removal,	00	
E godina	730	
5 5		FUNERAL DIRECTOR  REMOVAL (Soprify)  6/10/39 VOODSTOCK COLLEGE WOODSTOCK TOWARD I'D.  ADDRESS 250, RECT BY REGISTRAR 250, REGISTRAR SIGNATURE.
VR A16 (4) 30M REV 1/38	24.	111 1 0 1000 When he william he william
20M KEA! IKOR	4	II. W. MEARS & SON 805 N. CALVERT SHEET IZ 1969 1



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	1- 2	1-4		08074	DIVISION OF VITAL RECORDS	i, 301 W. PRESTON STI	REET, BALTIMOR	E, MARYLAND 21201	0000	tav.
	1 -0	_ /				CERTIFICATE OF			0806	7
	2 82		1 0	CEASED NAME First	Middle	Last		DATE OF DEATH		I at House
	offer deat				FOLNE E	MONA		Manth Day	/ Yedro	2b HOUR
	P ( 124 )		3. 5		4 RACE	S DATE OF BI		6 AGE (In years	I UNDER I YEAR	JE JNDER 24 HRS
					4)	8/	23/93	last birthday)	MONTHS DAYS	HOURS MIN
	hours hours		7o cau	URTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	(VIED	INTY OF DEATH		
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	requires that the death cert ficate be executed withing physicion is signed by the ottending physic on and completely fill the buriol-transit permit. Then please remove carban pooburiol, cremation, or removal, and in any event, within	- A	10. 0	TY OR TOWN OF DEATH	11 NAME OF HOSPITA, OR 1	NSTITUTION (if not in pospital		JPATION (Kind of work dane carking life, even if retired)	12b. KIND OF E INDUSTRY	BESINESS OR
	ad v	111	13a	USUAL RES DENCE (Where decease	ed I ved, if institut on Residence befare	13c CITY OR TOWN	13d INSIDE CITY LIM TS?	130 STREET AND NUMBER		
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	and complet remove car	5 3	[4, [	ATHER'S NAME FIRST	Middley A Lost	IS MOTHER'S MA	AIDEN NAME Fist	Middie	/	Last
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	The The			18 CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b), and (	(1)	<i>C</i> .	×1.:	APPROXIM	NATE INTERVAL ISST AND DEATH
	he death cei t offending p permit. The			PART DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c) BY TE CAUSE (a)	me of the	reach !	in the rueto	-	in and Menti
	office of on,			1, 4,	DUE TO, OR AS A CONSEQUENCE O		Ce -	lever.		
	the the sit purity			(anditions fany, which gave) rise to immediate (ouse (a).	(b) kung	, and	bre-			
	troin			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F				
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7	requence of the control of the contr		25	PART 2 UTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
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	SICI spite spite ed t		MEDICAL	(If either, notify medico examin	ier) P M	19				
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defacthed for use as the skould be filled with the State Dept, of Health prior to		W	21d INJURY OCCURRED 21e While Nat while at work	PLACE OF INSURY ( AT HOME FARM, STREET F	ACTORY ) 21F LOCATION Stree	t or RED No	City or Town	Caunty	State
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	OR ATTENDING be retained by the URECTOR: After the 3 should be do ad with the State			saw the deceased al	ive an , (i) (we) (did) (did nat) view the	19, and that in (m)	y) (out) apınian d	leath accurred on the dat	te and hour a	ind from the
	F F G S E	,		22b SIGNATURE	/- (	h.		22c D	ATE S GNED	
	De 7	- /-		y 1/0-20	- For the	DEGREE PHYS	IG P MED DIRECTOR	STAFF PHYS	6/17/6	9.
	TO HOSPITAL OR ATTENDIN Poge 4 moy be reto ned by TO FUNERAL DIRECTOR: After director, poge 3 should be asshould be filed with the Stat	/		22d PHYSICIAN'S NAME (Type)	esaitis, h	(22e. ADD)	Frederi	LRIBER	7 mile	co(siese
	HOS ge 4 FUNI recto	· ) •	23a	BURIAL, CREMATION, 23b [	DATE 230 NAME OF NOW (	CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	5 5 5 4	×			/14/69 New (	Cathedral Ceme		Baltimore, 1		
	VR A15 45M + 1	746 746		Uneral director Bonard J. Ruck	, Inc. Balto. Md.		DALLUN 16	1969 REGISTRARS	IGNATURE	12.7
	अंग्रहा •	7.07					DAZLUN 16	1000	10	44



MAKILAND STATE DEPARTMENT OF DEALIN 08075 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08068 CERTIFICATE OF DEATH 1 DECEASED NAME Middle First Lost 20. DATE OF DEATH (Type or print) Month Anna E. lieagher June 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years SE SINDER 1 YEAR Female White 8/31/09 last birthday) OAYS MONTHS HOURS YRS this certificate has been signed by the attending physician and completely filled in the detached for use as the bariot-transit permit. Then please remove corbon papers. We bapt to fill alther prior to buriot, cremotion, or removol, and in any event within 72 hours. 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH B MARRIED 🔼 NEVER MARRIED U. S. A. WIDOWED [ DIVORCED ( Baltimore Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (II not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gue steetaddress) Bear Creek Drive during most of working life, even if retired).
Saleslady & Housewife Dundalk INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MAIE Laryland 13b COUNTY Baltimore Dundalk YES [ No PQ 8225 Bear Creek Drive 14. FATHER'S NAME Middle Last First 15. MOTHER'S MAIDEN NAME First Middle Lost John W. Vaughan that the death certificate be Anna Brady 17 INFORMANT (Husband) 16b SOCIAL SECURITY NO Address 225 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bear Creek Yes, no, or unknown) 213-32-0949 Mr. Charles L. Heagher, Dundalk, Md. 18 CAUSE OF DEATH (Enter only one cause per lige for (o), (b), and (d) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AN A CONSEQUENCE Conditions, if any, which gove ) rise to 'mmed ate couse (a). DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED, IN CERTIFYING CAUSES OF DEATH? YES 🔼 NO [ TENDING PHYSICIAN: 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the State DIIPt. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town (aunty State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 4-21 1969, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above. (1) (we) (1) (did not) yiely the body after death 22b SIGNATORE DEGREE PHYS DIRECTOR 22e. ADDRESS M.D. E. Chase St. Baltimore, Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (Stote) REMOVAL (Specify) Meadowridge Lemorial Park Dorsey, aryland 250. REC D BY REGISTRAR 7922 Wise Ave. Dundalk. Md. 30M REV



08076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08069 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME 20 DATE KNOWN DO Fret Lost Month Doy Yeor 25 HOUR (Type or Print) MARGARET MEANS June 24, 1969 6:14 DEATH MATED delay and 3 4 RACE IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD Month June 24, White Dec. 20, 1894 Female. 74 To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH countryWales WIDOWED XX U.S.A. DIVORCED [ Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life even 'f ret red') Admiral Blvd Dundalk 130 USUAL RES DENCE (Where deceased ved, if institution. Residence before 13c City OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATEMaryland 13b (OUNTY Baltimore Dimdalk 4 Admiral Blvd YES TIK NO T 14 FATHER'S NAME Middle Lost 1s. MOTHER'S MAIDEN NAME Middle lost pencil se ter Richard Rachel Thomas Evans hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 37 INFORMANT ADDRESS (Yes\_no, or unknown) Mrs. Margaret Yarbrough. 4 Admiral Blvd. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse \_= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, used 190, DATE OF OPERATION 20. AUTOPSY? CERTIFICAT NOV.1968 WAS PERFORMED? YES [ NO I execute the certificate, 21c NOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF NIURY Mopth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremotion. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, stree 711 LOCATION, Street or R F D No. City of Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry 7 and in my apinion Natural causes Accident death resulted fram-Suicide 🗍 Hamicide Undetermined manner Dieose CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b DATE SIGNED the funerol ASSISTANT MEDICAL EXAMINER **SIGNATURE** June 25, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy FUNE Health M.B. Davis, M.D. ADDRESS(Street, city, town, or county) NAME (Type) Dundalk. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) Oak Lawn Cemetery Morgantown, W. BIRSAND WAT (Specify) 28, 1969 1969 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR Ullrich Funeral Home Dundalk. Md. VR A15ME (5) 10M REV 1/68

MAKISAME STATE DEPARTMENT OF HEALTH



00011		ERTIFICATE OF DEATH		08070
DECEASED NAME First (Type or print) Thomas	Middle Eugene	Merritt Sr.	20. DATE OF DEATH  June Ray	26. HOUR 1/9 M
3 SEX Male	4 RACE White	Jan. 5, 1900	6. AGE (In years last birthday) YRS.	F JNOER I YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
70 BIRTHPLACE (State or foreign county)	U. S. A.	WIDOWED DIVORCED	COUNTY OF DEATH  Baltimore	Md.
o city or town of beath Edgemere	II NAME OF HOSPITAL OR INST give street address! North Point I	ITUTION (If not in haspitat BOX 382 during mass 31vd. Rt. #10 Ret	OCCUPATION (Kind of work done of work ng life, even if retired) irod - Pipe Mill	12b KIND OF BYTHIS OR INDUSTRY Bethlehem
odmission) STATE Maryland	sed ived, if institution Residence before	13c (ITY OR TOWN 13d. INSIGE CITY LIM! YES NO €	Box 382, Rt.	orth Point
George George	W. Merritt	/	lla	Thompson
l\o	var or dates of service) 215-05-76]	ll Mrs. Clara Mer	Rt. 1 Address Ed	
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA	y ane cause per line for (a), (b), and (c) D BY ATE CAUSE (a) ARCINOMI	9 OF LUNG WITI		BETWEEN ONSET AND GRATH
Cond trans, if any, which gove rise to immediate cause (a), stoting the underlying cause last.		+ LIVER MET	ASTAS88	
PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR COI	IDITION GIVEN IN PART 1(0)	
RIEG	CONDITION FOR WHICH OPERATION WAS PERI	YES NO K	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF OEAL	TH HOUR A.M. Month Day Year ner) P.M. 19	21c HOW INJURY OCCURRED (Enter r		
While Nat while	PLACE OF INJURY (AT HOME FARM STREET, FACTOR OFFICE BURDING, ETC.		City ar Tawn	Caunty State
saw the decisived of (1) (the saw the decisived of causes stated above	is haspital) attended the deceaser live on 19 e/(1) we) (aid) (d.d pat) view the b	d fram., 19, 2, and that in (my) (aur) apini adv after death.	an death accorred an the dat	te and haucand from the
22b. SIGNATURE	u Masu	() 118	STAFF 222. C	DATE SIGNED 5/69
And DINCICIAN C	7			
22d PHYSICIAN S NAME (Type) Leon		M. D. 3501 St. I		ore, Md.
NAME (Type) Leon  230 BURIAL, (REMATION, 236 REMOVALI Specify) 6	DATE 23c NAME OF C	M. D.   3501 St. I	23d LOCALON (City or Town) Baltimore	(County) (Stote) Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH





1	1	08079		301 W. PRESTON STREET, BALTI		
				ERTIFICATE OF DEATH	,	08072
fer death.  funeral s 1 and 2 ter death.		ECEASED-NAME First Type or print) JAC	Middle	Lost MILLER	JUNE JONE	1969 7: 10 M
	3 S	MALE	4 RACE WHITE	S. DATE OF BIRTH FEBRUARY 4,	6 AGE (in years	FUNDER I YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MAN
24 haur	7o. ≀au	B RTHPLACE (State or foreign 7 ntry) VIRGINIA	U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH BALTIMORE	Md
cuted within 2 ampletely filler ve carbon par event, within	F	CITY OR TOWN OF DEATH		TITUTION (If not in hospitol 120 USUAL NISTRATION HOSPITAL	L OCCUPATION (Kind of work done st of working the even if refired.)	126 KIND OF BUSINESS OR INDUSTRY
Implet ve car	13o adr	USUAL RES DENCE (Where deceased	tived, if institution. Residence before 13b/ COUNTY SOMERSET	PRINCESS ANTIES NO	THE PARTY INCHIDEN	
and common any	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FIR		Last
te bo	160	FRANK WAS DECEASED EVER IN U.S. ARMEE	MT LLE  FORCES? 166 SOCIAL SECURITY N		DA Address	HARRIS
tifica hysic n ple val, o		es, na, or unknown) I I yes give war of	or dates of service)		FT. HOWARD, MAF	RYLAND
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aften any be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, shauld be filled with the State Dept of Health priar to burial, crematian, ar remayal, and in any event, within 72 fears of the contraction of the contr			one cause per line for (a) (b), and (c).)	RDIAL INFARCTION		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH MI UTES
at the d the attr nsit perr matian,		'. Conditions, if ony, which gave y tise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF  (b) ARTERIOSCLE	ROTIC HEART DISEASE		YEARS
equires the physician signed by burial-trar		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
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IG PHY the ha r this c detach ite Dept	ľ	of work at wark		ORY.) 21f. LOCATION Street of R.F.D. No	Etty ar Town	County State
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OR AT De reta DIRECTO		22b SIGNATURE	Horowork	DEGREE ATTENDING DIR	D CTAFF	ATE SIGNED  25 69
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TO HO Page TO Ful direc				s Anne Legion	23d LOCATION (City or Town) Princess Anne, S	
VR ALS	1	funeral director  James Hinman	Ences of This	en Ann JIN 1	7 1969 25h REGISTRAR S	GNATURE Judge



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death.		Type or print) CH.	ARLES	Middle ELMER		Lost TTCHELL		DATE OF DEATH Month Do	69°	26. HOUR
	3 5	MALE	4. RACE WHITE			5. DATE OF BIRT	тн 2 <b>4/1</b> 8	6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
haurs.	70 (9)	BIRTHPLACE (State or foreign ARYLAND	76 CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MARRI	120 1	UNITY OF DEATH BALTIMORE COUNTY	ry.	
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hiritate Dhysicia on pleas	160		and dates of service)		2 40 (			HOSP. FT HOW	_	
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ng phy required to but by the but	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  DUODENAL ULCER								
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ICIAN: piral ar mifficate d far us of Health	MEDICAL CEI	21a AECIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. ner) P.M.	Manth Day Year	9			e of injury in Part 1 ar Part 2,	Item 18.)	
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TO HO		BUR AL, CREMATION, 236 (SEMBYAL PROPERTY) 6	/9/1969	BALTIM	ORE NA	TIONAL	H	LOCATION (City of Town)  BALTIMORE, MAR		(State)
VR A15	4	FUNERAL DIRECTUR		GEORGE GO	NCE FU	NERAL H	Sa REC'D BY REGI	strar 25b registrar's	SIGNATURE	all.



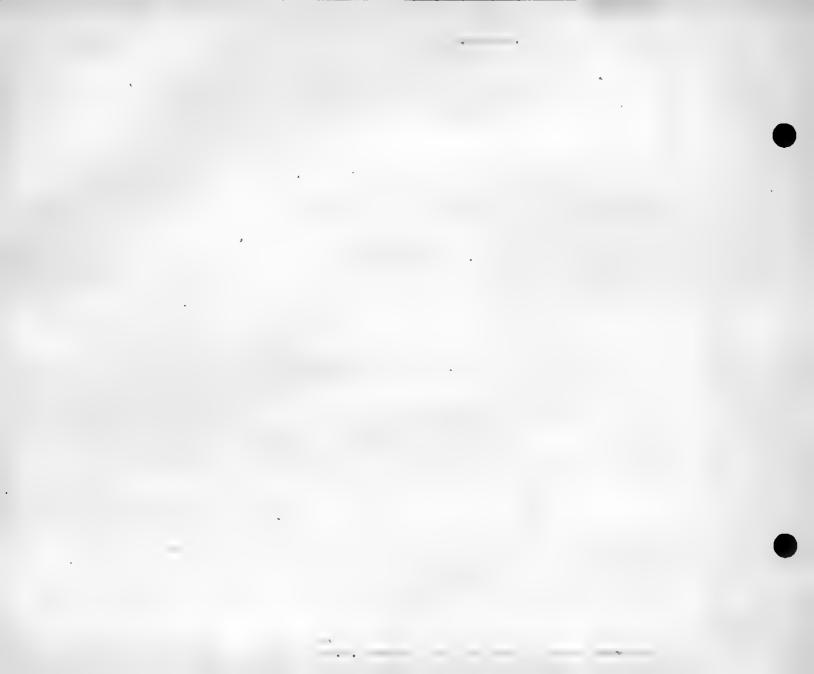
1 1/6	MARYLAND STATE DEPARTMENT OF HEALTH  08081 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08074
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month (Type or Print)	Doy Year 25 HOUR
ay is 3 to Page int of	Robert MITCHELL DEATH MATED N	1 29 898 PM
TA TO . 9	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years funder, year if under 24 Mrs. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month Doy	Year 2d Hour
9 5 8 7	Male Cau. 11/28/1889 /9 YRS	7 19 69 80 M
-/9 A B	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   9. COUNTRY OF DEATH	
Pages With for	Balto., Md. USA W.DOWED DIVORCEO Baltimore  10 CITY OR TOWN OF DEATH  11. NAME OF HOSP TAL OR INST TUTION (If not in hospital 12c USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
after death S. Give Page plang with with the Sta	Towson   Greater Balto. Med. Center   during most of working   fe even if retired	INDUSTRY
Gree d	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CiTY OR TOWN 13d INSIDE CITYMITS? 13e. STREET AND NUMBER	1
	odmission) STATE Md.   13b COUNTY   Baltimore   YESX3 NO D' 602 Stoneleis	gh Rd.
24 hours a in Item 18. r's Office of es I ond 2 kg	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
rs d	William Mitchell Fredericka	Ehrhardt
within 24 pencil in xominer's ile pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   (If yes give wat or dutes of service)   16b SOCIAL SECURITY NO   17 INFORMANT   ADDRESS	
File	No   216-03-5495   CHART	APPROXIMATE INTERVAL
rited voted to cal Except Exce	IB. CAUSE OF DEATH (Enter only one couse per line tor)(o), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND CEATH
ding ding Meding perm	IMMIDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	Sudday
FILE. This certificate should be executed within 24 hours certificate, writing the ward "pending" in pencil in Item Inacla be farwarded to the Chief Medical Examiner's Office les. should be used as a burial-transit permit. File pages I and 2 than, or remaval, and in any event within 72 hours after and in any event within 72 hours.	Conditions, if only, which gove	10-4
Chi Chi P	rise to immediate couse (a).  Storing the underlying couse DUE TO, OK AS A CONSEQUENCE OF	Course - pres
shau we we the urial	lost to Flacker ST At Heb.	Historia
certificate should writing the ward irwarded to the Ct used as a burial-tra naval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1
rifica rifica arde al., a	Bronchopneumonia //	
his certific ate, writin e farwards be used as	196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  A 15 TIME OF INJURY Month, Doy, Year  21c HOW INJURY OCCURRED (Enter not also distance of the part 2	2D. AUTOPSY?
This ricate, in the top of the to	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter not and of unjury in Port 1 or Part 2; 1	YES NO
INER: This e certificate, should be to files. 3 should be to files.		tem is the state of
e ce ce share filles 3 share atra	PRIMARY OF CONTRIBUTING PHOUR AM JUNE 2519 69 FOR FD, NO CITY OF TOWN	County State
<b>5</b> = 4 = 0 = E	WHILE AT WORK AT WORK AT WORK TO	Hunce - Mid
L EXA ecute Page ar you R: Pag	22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry	, and in my opinion
CO to the purification of	death resulted from. Natural causes Accident Suicide Hamicide Undetermined manner	<u> </u>
please e I director retained retained or to bu	CHIEF MEDICAL EXAMINER	4
ny, ple eral di be reft RAL D prior	SIGNATURE CONCRETE SIGNATURE CONCRETE CONTROL OF ASSISTANT MEDICAL EXAMINER 22b DATE	SIGNED
SSan Tune Tune Tune The The	EXAMINER'S (C) / S F G T DEPUTY MEDICAL EXAMINER 6.	30/69
TO DEPUTY BIGGS  necessary, please the funeral directs 5 may be retained TO FUNERAL DIRECTORY Health priar to b	NAME (Type) ( ) 2/25 T ( ) ( o now est ADDRESS(Street, city, town, or county)	
5 5 5 1	230 B_RIAL CREMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (Stote)
۲.	Burial 7/3/69 Dulaney Valley Mem. Grds Bal	to Md.
VR ATSME (SIA)	Mitchell-Wiedefeld - 6500 York Rd.	as sentale



		STATE DEPARTMENT OF H		
08082	DIVISION OF VITAL RECORDS, 3	OT W. PRESTON STREET, BALTH RTIFICATE OF DEATH	MORE, MARYLAND 21201	08075
1 DECEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
(Type or print) MAR		MOORE	Manth De	
3. SEX Female	4 RACE Caucasian	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
,			Thus.	
70 BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED   NEVER MARRIED   NEVE	P. COUNTY OF DEATH Bait	imore Md.
Towson, Md.	11 NAME OF HOSPITAL OR INSTIT give street address) Greater Balto	.Med.Center	CCCUPATION (Kind of work done st of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
130. USUAL RESIDENCE (Where deceo		3C. CITY OR TOWN 13d INSIDE CITY LIN  PRES NO	THE BUILD HAVE THE	Rend
14 FATHER'S NAME FIRST OZER J	Middle Lost  ESEPL MOO'RE	15 MOTHERS MAIDEN NAME FIL	Scatt Middle	Rollies
16a. WAS DECEASED EVER IN U.S. ARI		17 INFORMANT AUNT	EW3114 Acton Rd	BALTIMORE Md.
1B. CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSE IMMEDI	TE CAUSE (0) Cerebral h	emorrhage		
Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	rry aneurysm		
rise to immediate couse (a),	(b) Nuprure Be DUE TO, OR AS A CONSEQUENCE OF	ity alleurysm		
stating the underlying couse last.	(c)			
PART 2 OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(a)	
8				
190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20g AUTOPSY?  YES 📉 NO 🗍	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	
E 210 ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter		
G CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Manth Day Year	1		
While Nat while	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.		City or Town	County State
22a. I certify that (I) (th	is hospitol) ottended the deceosed live an 6/5 19 ((i) (we) (did) (did not) view the bo	from 6/4 , 19 6	9 , to6/5, I	9 <u>69</u> , that (I) (we) las
causes stated obox	(1) (we) (did) (did not) view the bo	ody ofter death.	non death occorred on the c	iale and navi and fram inc
22b. SIGNATURE	State I	DEGREE PHYS DI	ED. STAFF 22c	DATE SIGNED June 6, 1969
22d. PHYSICIAN'S NAME (Type) Rudi	ger Breitenecker, M	1100	Maltimore Medica	l Center
23a. BURIA., CREMATION, 23b.		METERY OR CREMATORY	23d LOCATION (City or Town)	(Coynty) (State)
DO F-1 PH	E 9,1969 Chester	field EMETERY	CENTREVILLE, Q	H. to IIId.
24 FUNERAL DIRECTOR	· Beet Bur Centre	inde MO 250 REGID BY	REGISTRAR 256 REGISTRAR	S SIGNATURE
		-different laws		- // // //



,	\ <b>1</b>	i	MAKTIAND STATE DEPARTMENT OF HEALTH 1 tom 3 F11mG	415 7/11/69kk
fr.	+ /	Ī	to #24, Film 3414 7/24/69kk CERTIFICATE OF DEATH	08076
	£ \$ \$		DECEASED-NAME First Middle Lost 20, DATE OF DEATH Type or print) Month Day	Yeor 2b. HOUR
	death		White	196967M
		3 \$	1-4	FUNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4	hours & Pag s. Pag	70	MALE CARS.  APR. 30. 1894 TOST OFFICIAL TOST OF WHAT COUNTRY?  8. MADDIED MEVED MADDIED TO P. COUNTY OF DEATH	
	hou hou		miny).	
	nin 24 filled pape thin 72	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter in hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the stacked far use as the burial-transit permit. Then please remave carban papers. Pages Dept. at Health priar to burial, crematian, ar remaval, ond in any event, within 72 hours after	1	Catonsville give street oddress) Hoven Dur. Home Sub station Coer.	INDUSTRY
	ecuted with completely ave carbary event, with		LSLAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d WHIDE CITY LIM 137 13e, STREET AND NUMBER	FCLOCK
	omp omp		LSLAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13a INSIDE CITY LIM 137 13a. STREET AND NUMBER 101 Marion Worthington YES NO 101 Maple Str	eet
	dind c	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	se be		Simon Adelie	Hauth
	riticate be executed within thy series and completely from please, remaye carbon and -ord in any event, with a state ord in any event,		I. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address  Address	
	# & & &	H		APPROXIMATE INTERVA.
	at the death ter the attending be nsit permit. The matian, ar rema	L	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	dec iffen n. ar	ı	IMMEDIATE CAUSE (a) 12 4 CERCUINCE PREPERIEN - DAFFERIN SCHOOLE 4/09 DUE TO, OR AS A CONSEQUENCE OF	70
	the ania	1	Conditions, if only, which gove	
_	that an. by t rans		rise to immediate cause (a).  stoting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
Gr.	res sicio ned l ial-ti		lost (c) le or or Ch 15 is 5 Fire phy SE OND	
	equires physicion signed burial-t burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	iw r ding een the ir to	8	TO DITE OF DEPARTURE AND CONDITION FOR HUNCH OPEN TION THAT PERCONARD OR ANY OPEN TO A STATE OF THE STATE OF	DIFFERENCE IN CENTRALIA
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	or a or a te h te h use alth	189		tem 18.3
	YSICIAN: 1 ospital or certificate thed for us	MEDICAL		,
	rosp cert chec pt. c	뚩		County State
			at wark ot wark	
	by 1	П	220. I certify that (I) (this baselital) attended the deceased from	that (I) (we) last
	RENG RENG The		saw the deceased alive on	re and nour ond from the
	R ATTEN retaine RECTOR: 3 shauld I with the	П	22b SIGNATURE 22c. D	DATE SIGNED
	DIR be 3	П	Color Aff (Mal (MAL DEGREE PHYS. DIRECTOR PHYS. )	102/19
	TAI MAY Page page page page page page page page p	Н	22d PHYSICIAN S NAME (Type) 7 1 A H. S. MANY MALD SEC STRINGER OUT OF	day cal min
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled undirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. at Health priar to burial, crematian, ar remayar-ord in any event, within 72.	72	BURIAL, (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	Page of Figure Sho	230	REMOVAL (Specify) 6/27/1969 1	(County) (State)
	F F		FUNERAL DIRECTOR ADDRESS Fairmont 250 REC'D BY REGISTRAR 250 REGISTRAR 3	SIGNATURE
	VR A15 (4) 30M REV 1/68		Ford Funeral Home, Inc. 201 Columbia St. W. Va. WIN 2 5 1969 from	10 m



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08084 08077 CERTIFICATE OF DEATH 1. DECEASED-NAME First Mtddle 20. DATE OF DEATH 6-7-69 death. 2b. HOUR ero (Type or print) 10 - Month 10 Doy 26 -5:55 pm George Edward Mormann Jr. 4 RACE 3 SEX S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS last birthday) M W 10/19/26 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Balto .. Md . \*AndAllatownPal+imore U.S.A. WIDOWED | DIVORCED [ IO CITY OR TOWN OF DEATH 12a SUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION ( finat in hospital 26. KINO OF BUSINESS OR give street oddress) County Gen. Hosp. during most of working fe, even if retired) | NO Experimental machinist INDUSTRY JHH Randallsbown of Health priar to buriol, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY & MITS? 13e. STREET AND NUMBER Physics Lab 13b COUNTY Baltimore admission) STATE execute Randallstown E T NO 9001 Hamor Rd. 14 FATHER'S NAME S MOTHER'S MAIDEN NAME First First Middle M ddle George Edward Mormann Sr. requires that the death certificate ber Lottie Mae Stine 166 SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, nowe worknown) y 1 944-1946 216-18-6916 Mrs. Dorothy A. Mormann 9001 Hamor Rd. Pulmonary Congletion, Blema 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) Service BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF FULMONARY EMBOLISA Candit ans, if any, which gave ) nse to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) for use as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM STREET, FACTORY.) 21f EOCATION Street or R.F.D. No. City or Town Stote County While Mot while J of work L 220 I certify that (1) Ithis haspital, attended the deceased from June 4, 1969, to June 6, 1969, that (11) (we) last saw the deceased alive an June 6 1969, and that in (my) (aur) apinlon death accurred an the date and haur and from the Poge 4 moy be retoined TO FUNERAL DIRECTOR: A causes stated above, (1) (we) (aid) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNEO ATTENOING PHYS arrell, M.D. OEGREE 6-7-69 22d. PHYSICIAN S 22e. AOORESS Randallstown, NAME (Type) John Darrel, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) June 10, 69 Lorraine Park Cem Windsor Mill Rd. Balto. Co. Me 24. FUNERAL DIRECTOR 2239OdA 25o. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Loring Byers 8728 Liberty Rd. Randallstown Miorles Judge NUBBAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08085 08078 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20, DATE OF DEATH First 2b HOUR within 24 haurs after death. (Type or print) Month G. Florence Morrow 69 IF UNDER LYEAR director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after 4. RACE 6 AGE (in years IF JINDER 24 HRS Female White last birthday) DAYS HOURS 60 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED filled in country) Virginia U.S.A. WIDOWED [ DIVORCED [77] Baltimore 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street oddress) 1642 Aberdeen Rd. during most of work nglife, even if retired) Laundry Operator Baltimore Laundry 3a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 13e STREET AND NUMBER and complet requires that the death certificate be executed admission) STATE Marylandab (OUNTY NOX YES [7] 1642 Aberdeen Rd. Baltimore Baltimore 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost Lettie C. Frank C. Wood Meyers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no\_or unknown) ( f yes give wor or dates of service) 1642 Aberdeen Rd. 213-09-9252 Alfred J. Morrow -18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) }
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir burial-transit permit. Conditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 220. I certify that (I) (the hapitel) attended the deceased from \_\_\_\_\_\_\_, 1967, ta\_\_\_\_\_\_, 1969, thot (I) (==) lost saw the deceased alive on \_\_\_\_\_\_\_, 1969, ond thot in (my) (and application depth occurred on the dote and hour and from the causes stated above, (1) (and (dident) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING June 16. 1969 DIRECTOR 22d. PRYSICIAN'S 22e ADDRESS NAME (Type) Joseph Lipira, 8400 Loch Raven Blvd. M.D. 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA (Specify) Burial Pk. Baltimore Maryland Moreland Memorial t C. Altenburg Funeral Home Harford Rd. - Balto. Md. 2 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Whenday Judge 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08079 Jessie Middle DECEASED-NAME 0 Last 2a. DATE OF DEATH 26 HOUR death. (Type or print) Manth 5:00 PM 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS OULS 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH NEVER MARRIED country) WIDOWED -DIVORCED burial, crematian, ar removal, and in any event, within 72 Dapel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR that the death certificate be executed within give street address? during most of working life, even it retired ) INDUSTRY attending physician and campletely permit. Then please remave carbar 13a. USUAL RESIDENCE (Where deceased lived, funstitution: Residence before 13c, CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE admission) 13b COUNTY -YES [ 605 FOIRWAUDE BAL IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle mes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wer or doles of service) 18. CAUSE OF DEATH (Enter only one cause per line tor. (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
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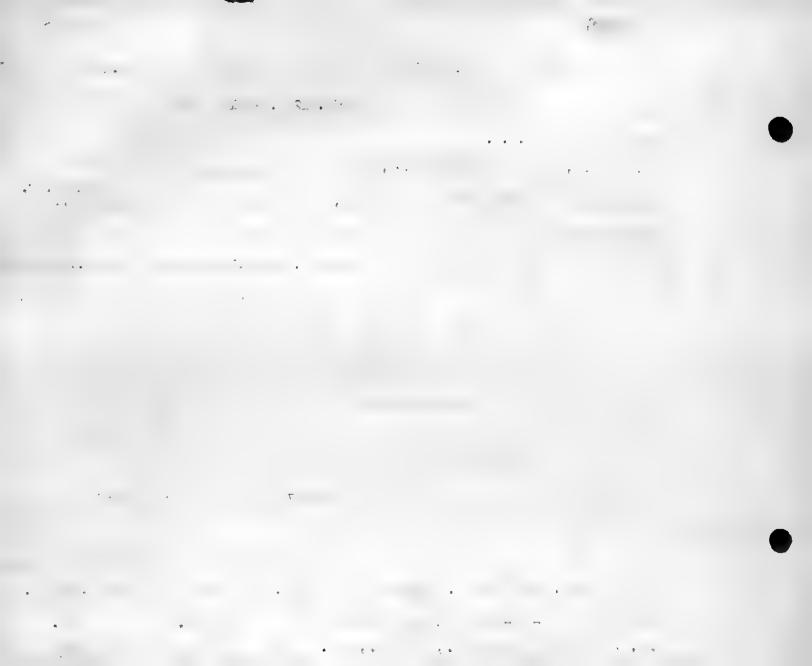




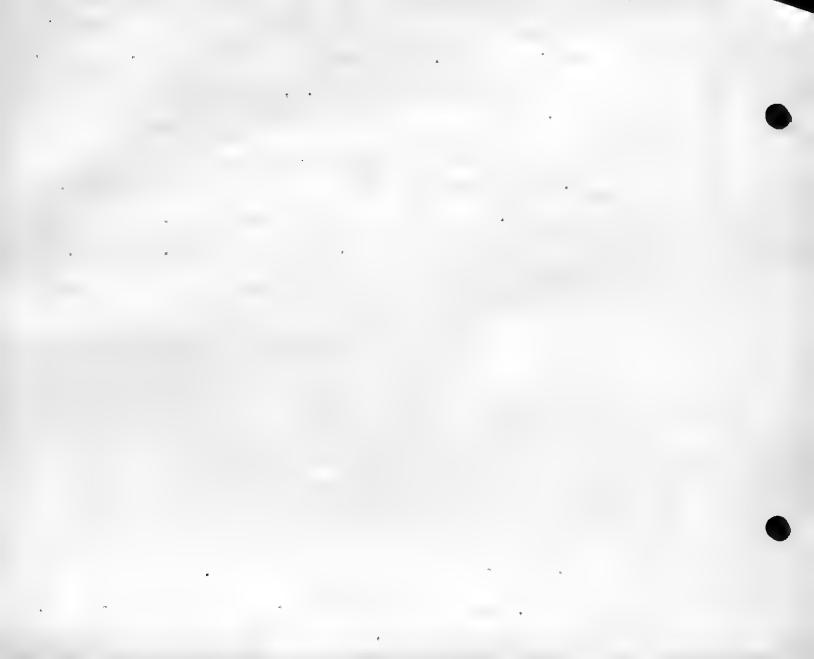
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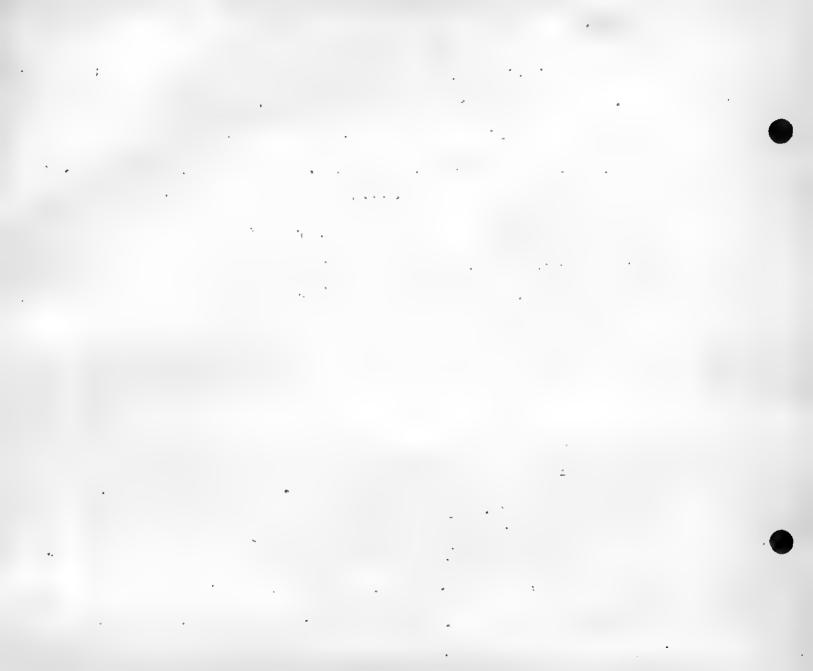
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	OR ATTENDI be retained b DIRECTOR: Aft ge 3 should b led with the St		ZZD: SIGNATURE	AH	Luch	2h ME	) DEGI	ATTENDIN REE PHYS.	G MED DIRECTO	OR 🗆	STAFF PHYS		· /フー	, 9
	ral (ox) boy bogge page e file		22d. PHYSICIAN'S	SI	· Venab	10/10		22e ADDI	RESS		1			
	HOSPITAL OR ATTENING 4 moy be retoined FUNERAL DIRECTOR: A firector, page 3 should hould be filed with the		NAME (Type)						215 York					
	O HOSPITAL OR Page 4 moy be r O FUNERAL DIRE director, page 3 should be filed a	230	BUR AL (REMATION, REMOVA, (Specify)	23b DA		23c NAME OF	CEMETERY OR	ckematory ham Pre	8 b. 23d		(Cty or Town)		(County)	(Stote) Md
		24	FUNERAL DIRECTOR	10/ .	18/ 1969	ADDRESS								A A B
	30M REV 1/68	Mi	tehell Wi	sedafel	ld Home	6500 York	Rd.		DATE JUN 2	3 19	69 x	RARS SIG	CAT YALL	7



-			D STATE DEPARTMENT OF		
	08091		301 W. PRESTON STREET, BALL	IMORE, MARYLAND 21201	08084
			CERTIFICATE OF DEATH	To average as a series	
funeral i 1 and 2 fer death.	(Type or point)	rst Middle	Last	20 DATE OF DEATH Month Day	Zb. HOUR
्व व	3. SEX	RAZIO NOBILE	le pire er circi	June 10	1969 11:38
hom Zaffer		4, RACE	S DATE OF BIRTH	last hitheau)	F JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
1	Male	White		0 70   70 116.	
1	To BIRTHPLACE (State or foreign country)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Italy		WIDOWED N DIVORCED	Baltimore	Md.
1	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	STITUTION (17 ROT IN NOSPITO) 120. USU	AL OCCUPATION (Kind of work done lost of working life even of repred )	12b. KIND OF BUSINESS OR INDUSTRY
) 1	Parkville	eosed lived, if institution: Residence before	Tigornia Ave		Construct.
1	admission) STATE Md	13b COUNT 1 to		13e STREET AND NUMBER 3100½ Califo	ornia Aug
2		<del></del>	IS MOTHER'S MAIDEN NAME		
/	7,000				lost
1	John 160. WAS DECEASED EVER IN U.S.	Nebile  ARMED FORCES? 116b SOCIAL SECURITY		irna Address	
	Yes, no. or unknown) (If yes p	ve wor or dates of service) 214-40-7			
				or as	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAU	only one couse per line for (o), (b), and (c) SED BY. THATE CAUSE (a)	earthe heart d	11111	BETWEEN ONSET AND DEATH
	IMMI	DIATE CAUSE (a)	at the real to		6 years
0.1	Conditions, if any, which go	DUE TO, OR AS A CONSEQUENCE OF			
	rise to immediate cause (c	), ( ''')			-
	stating the underlying cou-	55			
		(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1/a)	
			or there is the terminal property of	142)	
at.	190. DATE OF OPERATION 1902	Pb CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
λ,	15 E		YES NO (	CAUSES OF DEATH?	
		YING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, Ite	em 18.)
	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. Month Doy Year miner) P.M. 19			
		THE PLACE OF INJURY (AT HOME FARM, STREET, FAR		City or Town	County State
	ot work - st work		1 0		10
	22a. I certify that (I)	this hospital attended the decease alive on	ed from Jelnicary / , 19=	J. 10 June 10, 19	/_, that (I) (we) last
	saw the deceased	alive on June 10	19 <u>67</u> , and that in (my) ( <del>our)</del> ap	inion death occurred on the dot	e and hour and from the
	22b. SIGNATURE	ove (I) (we) (did not) view the	body after death.	22c n	ATE SIGNED
1	220. SIGNATURE	wood falem 1	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	0/12/69
	22d. PHYSICIAN'S	at a grant.	22e. ADDRESS	NKECTUR W PRITS, W	// / / /
	The second secon	ward J. Alessi M		rford road	
			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	DEMOVIAL (Counties)		s of Faith Cem	Overlea Balte	
16	24 FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 9 25b. REGISTRARS	
68	C.F.EVANS &	SON 8802 Harford	road DATE	17 y 190h 4	(/ 6





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08086 DECEASED-NAME First Barnard Last 20. DATE OF DEATH 2b HOUR (Type or print) BENJAMIN NE WHITE TO NOYES 3 SEX (Bennett) 4. RACE 5. DATE OF BIRTH 6. AGE (In years last\_birthday} 10/1/98 MALE WHITE 24 hours 7b. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED K NEVER MARRIED 9 COUNTY OF DEATH MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INST TUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done requires that the death certificate be executed with us 2b KIND OF BUSINESS OR CAB DRIVER TRANSPORTATIO FORT HOWARD ADMIN. HOSPITAL corbo 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS7 13e STREET AND NUMBER odmission) STATE MARYTAND COUNTY YES ST NO \_ BALTIMORE 6102 FAIROAKS AVENUE in on X'e 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First WALTER NOYES CLEMENSY UHLER 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [ (If yes give war or dates of service) buriol, crematian, or removal, WWII 220 05 8189 CLINICAL RECORDS, VAH. FT. HOWARD. MD. APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY buriol-fronsit permit. BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) UTIKATOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) r se to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0) this certificate has been HYPERTENSIVE CARDIOVASCULAR DISEASE; ANEMIA. as the 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF PERENT! YES IZ be detached for use State Dept. of Health NO | Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 2)c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City of Town County While Not while of work 22a I certify that (this haspital) attended the deceased fram FEB 27, 1969, to JUN 14, 1969, that (we) last saw the deceased alive an JUN 14 1969, and that in (\*\*) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (4) (we) (did) (363635) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v 6 14 69 DEGREE PHYS DIRECTOR 22d. PHYSiCIAN S 22e. ADDRESS NAME (Type) GUDDUM J. M. REDDY, M.D. VAH. FT. HOWARD. MD. 230 BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BURYA (Specify) Baltimore National Cem. Baltimore, Md. 24. FUNERAL DIRECTOR FUNERAL DIRECTOR
5305 Harford Rd.
LEONARD RUCK FUNERAL HOME Balto., Md. 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR Ochorles

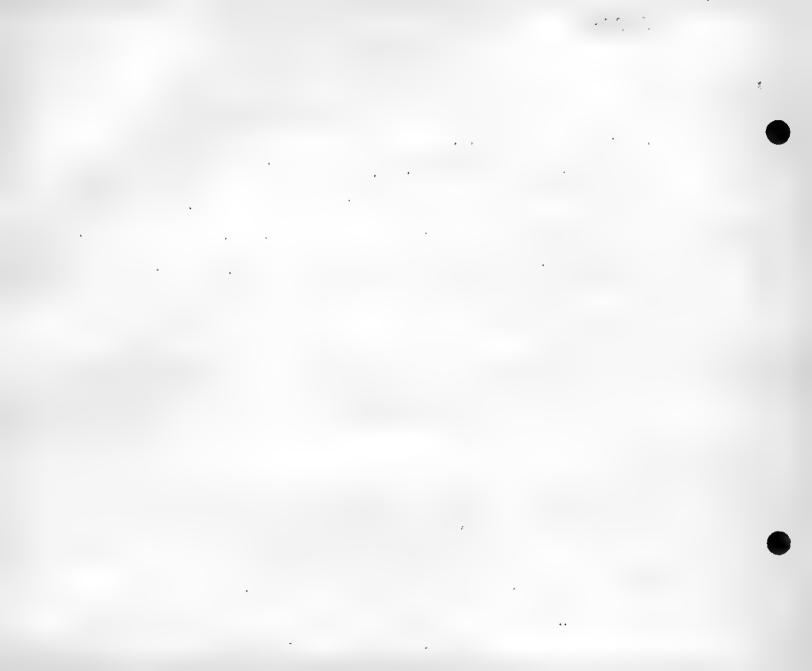




1		MARYLAND STATE DEPARTMENT OF HEALTH  DESCRIPTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	`	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08088
HEALTH DEPT.			Day Year 2b HOUR
3 to		ECEASED-NAME Sype or Print) MR3. PAIGE  ME CORKLE  Lost  OTTERSON  DEATH MATED TO  DEATH MATED TO  CORKLE  OTTERSON  DEATH MATED TO  CORKLE  OTTERSON  DEATH MATED TO  DEATH M	N 301 6961 02 W
ny deloy 2, and 3 Purity Po	3 58	4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JUNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MITH.  Manth 6 Day 2	Z. Year 19 69 1330 M
fe De	caun	WIDOWED DIVOKED VILLO	Md
hours after death tem 18. Give Pages 1, Office along with form Tand 2 with the State De after death.		1003 1/19/63/de HOUSE WIFE	12b. KIND OF BUSINESS OR INDUSTRY
is after de 18. Give F e olong wi 2 with the death.		USUAL RES DENCE (Where deceosed lived, if institution. Residence before 13¢ CITY OR TOWN 13d INSIDE CITYM.157 13e STREET AND NUMBER 13b COUNTY BALTO. 13b COUNTY BALTO.	DE AVE.
within 24 hours a persettir tem 18. canings Office of le pages and 2 wi	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle M	Mg Carlele
within 24 pepertring cominers le pages 172 hours o		NAS DECEASED EVER IN U.S. ARMED FORCES?  es, no, or unknown) (if yes give war or dates of service) 15G-01-25G5 Hugh Custio 933 BART	ISWELL RD.
INER: This certificate should be executed within 24 hours after death secrificate, writing the word "pending" in peretting the Word "pending" in peretting 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with itles.  3 should be used as a burial-transit permit. File pages Tand 2 with the Stanation, or removal and in any event within 72 hours after death.		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove  CHRONIC  TRONIC	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
should the word in the Ch		stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     last.   EMPKY SEMR	
icote mg thu ded to so b		PART 2. OTHER SIGNIF-CANT CONDITIONS CONTR-BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
VER: This certifico certificate, writing hould be forwarded les. I should be used as tion, or removal a	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
ER: This certificate, ould be fee.	MEDICAL CER	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	em 18)
	W	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	County State
CAL Executor. Por Port CTOR: Purcel,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 😥, Inquiry	and in my opinian
please explease explease explease explained.		death resulted from: Natural couses 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner	
TY please by please boo retaine RAL DIRECT		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE	SIGNED
EPU ssoi func oy I oy I INER		EXAMINER'S NAME (Type)  SOHN F. SCHAEFER ADDRESS(Street, city, town, or county)	. 22. 69
TO D nece the 5 m TO FU		REMODRAL (Specify) 6/25/69 LOLLOW PK. CEM BAITIMORE	(Caunty) (State) Md.
VR A15ME (5)	24 E	FUNERAL DIRECTOR  Sylac Walt 201 ADDRESS Level Rd 250 REGISTRAR 250 REGI	SIGNATURE



_	1				ID STATE DEPARTME			
		08096	DIVIS	ION OF VITAL RECORDS			E, MARYLAND 21201	
		111111111111111111111111111111111111111			CERTIFICATE OF D	DEATH		08089
€ -2€		CEASED-NAME	First	Middle	Lost	20.	DATE OF DEATH	2b HOUR
	1 (	ype or print)	FRED		OWENS		JUNE Monts4, D	1969 Yeor 8:50 PM
<b>a</b> ( <b>4</b> √ <b>a</b> )	3. SE	X	4. RA	CE	S. DATE OF BIRT	TH .	6. AGE (In years	IF UNDER 1 YEAR  IF UNDER 24 HRS
£ 55		MALE		NEGRO	11/2	3/90	lost birthdoy)	MONTHS DAYS HOURS MIN
haurs S. Py haur	7o 1	BIRTHPLACE (Stole or fore	ign 7b CITI.	ZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRI		INTY OF DEATH	<u> </u>
4 h d h d ers.	cour	CAROLINA		U.S.A.	WIDOWED DIVORC	IEU .	BALTIMORE	
n 2. illed pap pap		ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN			JPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
e meated within 24 hours after death and campletely filled in by the face eal remove carbon papers. Pigest, and in any event, within 72 hour after beath		FORT HOWARI	)	give street oddress) VETERANS ADM	IIN. HOSPITAL	during most of y	working life, even if retired ( BORER	INDUSTRY CONSTRUCTION
ple	130 odmi	USUAL RES DENCE (Where ssion) STATE	deceased lived,	if institution Residence before COUNTY		id. INSIDE ( TY LIMITS?	13e STREET AND NUMBER	
( \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	M	ARYLAND	V_		BALTIMORE	YES NO	3114 BRENTW	OOD AVENUE
a lead a	14 F	ATHER S NAME First		Middle Lost	15. MOTHER'S MAIL	DEN NAME First	Middle	Lost
_ 0 _		SAIN		OWEI		MARY A	NIN	COLEMAN
sicion and coplease rema	16e Y	WAS DECEASED EVER IN	yes give was at dates of	f service)			Address	
phy en prydel		es, no, or unknown)	WWI	218 01 42	223 CLINICAL	RECORDS,	VAH, FT. HOW	ARD, MD.
that the death certificata on.  by the attending physician cransit permit. Then please crematian, or remaval, and in		18 CAUSE OF DEATH (	inter only one co	suse per line for (a) (b) and (c)	)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eatl mit.		PART I. DEATH WAS	I MWEDIATE CARRI	(o) ARTERIOSCI	EROTIC HEART I	DISEASE		
afte an,		1120	DU	E TO, OR AS A CONSEQUENCE OF				
the sit		Conditions, if ony, which	gove)	(b)				
tha en. by ran		stoling the underlying		TO, OR AS A CONSEQUENCE OF				
equires that the physician. signed by the burial-transit burial, cremat		1001		(c)				
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITA	ON GIVEN IN PART I(o)	
The law re attending has been se as the the priarta	8							
s be as	E E	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATION WAS PE	RFORMED 200, AUTOPS	Y?	20b SF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
ICIAN: The law repital ar attending refricate has been ad far use as the af Health priar ta	CERTIFICATION				YES 🔀	NO 🗔	CAUSES OF DEATH?	
YSICIAN: naspital ar certificate thed for until at the for until at the for until at the for until at the all	5	210 ACCIDENT WAS UNI OR CONTRIBUTING CAUS		DUR A.M. Month Day Year	21c HOW INJURY OCCUI	RRED (Enter noture	of injury in Part 1 or Port 2	, Item 18.)
OR ATTENDING PHYSICIAN: be retained by the haspital an DIRECTOR: After this certificate le 3 shauld be defached for a ed with the State Dept. af Hea	MEDICAL	(If either, notify medical	exominer)	P.M. 1				
OR ATTENDING PHYSIC be retained by the haspi DIRECTOR: After this cert je 3 shauld be detached ed with the State Dept. at		21d INJURY OCCURRED	21e PLACE OF	INJURY (AT HOME, FARM, STREET, FA	TORY, 21f LOCATION Street	or R.F.D. No	City or Town	County State
IDING PH' d by the h After this d be detace s State Dep		While Not while at work						
ATTENDING stained by th CTOR: After i shauld be d	П	22a. I certify that	the (this haspi	tal) attended the deceas	ed from MAY 6		toJUN_24_, 1	9 <u>69</u> , that 🖨 (we) last
R: A		saw the decea	sed alive an above (* (w	re) (did) (Alabasa) view the	タムタ, and that in ( <b>psy)</b> body after death	(our) opinion o	leath occurred on the c	ate ond havr and from the
OR ATTENI be retained DIRECTOR: A ge 3 shauld		22b SIGNATURE	- 7	c) (did) paramon) view (ine	body differ dediti		22/	DATE CIGNED
OR Direction of the policy of the section of the se		C/ Para -/	Jh 5	7/1/	DEGREE PHYS	MED DIRECTOR	STAFF Z	DATE SIGNED / 69
		226 PAYSICIAN'S	17/2/2	gad cuy	22e, ADDRE		O FREE CO	
PIT, mc		NAME (Hope) GE	ORGE C.	MC ELFATRICK,			OWARD, MD.	
ro Hospital Page 4 may fo Funeral director, pag shauld be fill	23 o.	BURIAL, CREMATION	23b DATE	23c NAME OF	CEMETERY OR CREMATORY		LOCATION (C ty or Town)	(County) (State)
Pag o	B	(kEwdVAU(Specify)	6-35-		ORE NATIONAL		BALTIMORE M.	
	24	FUNERAL DIRECTOR			ISON FUNERAL A	So REC D BY REGIS	TRAR 2Sb REGISTRAR	
45M A1 (59)				IW. O YUNLE	s St. Baltimo	PATE JUN 2	6 1969 200	arles Judges
Ag.	\#			FAAT ATTEN	A A A THE ATHEN	C Tracks or		



TOR STATE	DROST DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
LTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWSET Month Doy Year 12b HOS
Deportment of	(Type or Print)  MARIA  A. PAIMER  OF ESTI- DEATH MATER  OF LETT-
	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IF JINDER YEAR IF JINDER 24 HRS 2C, DATE PROPHEDUNCED DEAD
	female Negro 7-19-28 lest birthdoy) MONTHS DAYS MIR MONTH DOY Year of P
	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED DEVER MARRIED 9. COUNTY OF DEATH
	Baltimore Md. U.S.A. WIDOWED DIVORCED Balto County
*2	O. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe even if retired)  12 USUAL OCCUPATION (Kind of work done during most of working I fe even if retired)  13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe even if retired)  14 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe even if retired)  15 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe even if retired)
	130 U.S.J.A. RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d Wisheld CITY HAITS? 13e. STREET AND NUMBER
ì	odm.sson SIAIE 1802 Druid Hill Ave.
	4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	DAIS WACK
	60, WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   (Hyes give wor or dates of service)   218 36 8390   7 INFORMANT   ADDRESS
	ELLA KICIE 2804 JACK WEDS AVI
	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY.
	IMMEDIATE CAUSE (a) White A Williams A Minimum Control of the Cont
	DUE TO, OR AS A TONSEQUENCE OF  Conditions, if only, which gove
	rise to immediate cause (a), (b)  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	lost.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPSY?  YES \( \sum \) NO \( \sum \)  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY Month, Doy, Year  211 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
-	WAS PERFORMED?
	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE DE INJURY (At home form street 21f IOCATION Street or R.E.D. No. (it vor Town County State
	Enter APP Land Application of the Control of the Co
	AT WORK AT WORK
	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apini
	death resulted fram: Natural causes
	ACTUAL CHIEF MED.CAL EXAMINER 22b DATE SIGNED
	SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY AND ICAL EXAMINER
	EXAMINER'S NAME (Type)  Charles F. O'Donnell  ADDRESS(Street, cty, town, or county)
	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	BusiBL July 9 69 HARRIED HEAR! WALLINGS MD.
	24. FUNERA, DIRECTOR 250 REGISTRAR'S SCHATURE
	CLARLIES N. LAW SOL MALSON AVE DATE

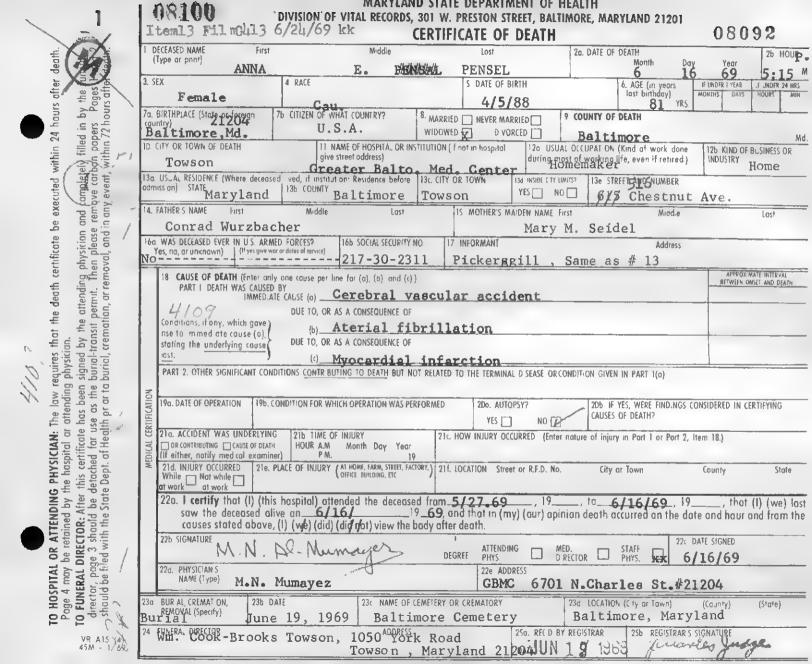


				MAKTLAN	IN STATE DEPARTME				
. 1.7.1		08098	DIVISION	OF VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 2120	1	
		00030			CERTIFICATE OF I			D	18090
NE NE			First	Middle	1204	20.	DATE OF DEATH	0	20 HOUR
A E E E	[]	ype or print)	ed le	XX	POL.	16.0	June	gay Q	PULL DE
2 2 2	3 SE		4 RACE		S DATE OF BIR		6 AGE ( n years	IF UNIOER 1 Y	EAR IF JINDER 24 HRS
offee of the	2 at	pus.	- AACC	White			Lact hirthday		OAYS HOURS MIN
ors aft	- 1	remale	2 27 270	- ///		29-188	S	rrs.	
yd r	70. E	SIRTHPLACE (State or fare gn	76. CH.ZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARR	IED	JNTY OF DEATH		
d ir per		md.	u	25	WIDOWED DIVORC	——————————————————————————————————————	Balti	more	Md
hin 24 filled in paper ithin 72	10. 0	ITY OR TOWN OF DEATH		II. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in haspita	12a. USUAL OCC.	JPATION (Kind of work do	ne 12b K N (d.) INDUST	ID OF BUSINESS OR
with the	C	ocke 4521/1	P.	give street address)	onic Home	ant ud most bil	working life, ever if refine	er	8.2
d w	13a	USUAL RESIDENCE (Where d	eceosed lived, if a	nstitution Residence before	13c CITY OR TOWN	34 INSIDE CTY LIMITS?	BOWET WARM	II Aver	nue # 7
campletely filed in by the fumeral nave carban papers. Pages I and 2 y event, within 72 hours after death.	adm	ssion) STATE	13P CON	NTY R	Baltimore	AEZ 🔀 NO 🗌	XXXXXXXXXX	XXXX	X
execution of any every	14 F	ATHERS NAME First	Mid	dale Last	IS MOTHER'S MAI	IDEN NAME First	Middl	8	Last
00 / 0		HARR	4 4	MO01	?e /	4tho.	ine &	B	ovard
icate be siciena al please	16a.	WAS DECEASED EVER IN J.S	ARMED FORCES?	16b. SOCIAL SECURITY	NO 17 INFORMANT	en in de la companya	2004 O LAddre	i	!! 7
V 2 / 2 Z	У	es, noto inknown) (1 yes	s give wer ar dates of serv	219-20-8	499 Robert W	arner -	3004 Oakhil	l Aveni	ie # /
g phy hen nava		18 CANSE OF DEATH (For	er only one rouse					AF	PPROXIMATE INTERVA. WEEN DNSET AND GEATH
Chon ite death cer attending premit. The took or rema		PART I. DEATH WAS C	AUSED BY:	per line for (a) (b), and (c)	in / / hrom to	W315		5	122/10
Chan ne death attendi permit.		,M	MEDIATE CAUSE (a				1		177209
he at tion		Conditions, if any, which g	DUE TO	), OR AS A CONSEQUENCE OF	closotic Yas	WM.	10010	/	OVES
A the state matrix		rise to immediate cause	(a). 19			4 - VI.	JEUN		
oduines the physician, signed by burial-trail		stoting the underlying co		), OR AS A CONSEQUENCE OF					
e o o vices vices in o o o o o o o o o o o o o o o o o o		last.	) [	()					
		PART 2 OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ION GIVEN IN PART I(o)		
PHYSICIAN: The law re he hospital ar attending this certificate has been letached far use as the bept. af Health prior talls Dept. af Health prior talls	8		The complete	OR HAMAN ARER ITION WAS A	CDEADAIR AND ALITAD	NCMO	Tool is use here continue	ICC CONCIDENTS	IN CERTIFYING
s b as a sorio	R	190. DATE OF OPERATION	TAP' EOUNILIAN E	OR WHICH OPERATION WAS P			20b IF YES, WERE FINDING	IOS COUSIDEKED	IN CERTIFIENG
☆を見るるものへ	CERTIFICATION				YES 🗆	NO 🔀			
ar are		210 ACCIDENT WAS UNDE		TIME OF INJURY  A.M. Month Doy Year		JRRED (Enter notur	e of injury in Port 1 or Po	rf 2, 1tem 18)	
tific af F	MEDICAL	OR CONTRIBUTING CAUSE (	xaminer)	P.M	9				
TENDING PHYSICIAN: ined by the hospital ar DR: After this certificate ould be detached far u the State Dept. af Heal	ME	21d INJURY OCCURRED	21e. PLACE OF IN	JURY / AT HOME FARM, STREET, F	ACTORY.) 21f. LOCATION Street	ar R.F.D. No.	City or Town	County	State
PH PH PH Phis Phis Phis De		While Nat while at wark		COLLEGE BOSEONO ELE			0		
N T T T T T T T T T T T T T T T T T T T		22a. I certify that (!	this haspital	Lattended the deceas	ed from 1/24. 4	- 1909	10/4ME 10	1969	that (I) (we) las
=		saw the decease	ed al've an	144418	sed from 122. 4 1964, and that in (my	/) (aur) apinian	death accurred on th	e date and h	iour and fram the
ONE THE	1	causes stated a	bgve, (I) (we)	(did) (did nat) view the	bady after death.				
A S D S S		22b SIGNATURE	1 TA	1 8	ATTENDIN	G - MED	STAFF	22c DATE SIGN	10 11.1.
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica e 3 should be detached fa e with the State Dept. af H	1	lan		le Man w	DEGREE PHYS	DIRECTO	R PHYS.	June	18 1969
TAL OI nay be AL DIR page - e filed		22d. PHYSICIAN S	17	1/1/	22e. ADDR		Val B. H	De 1 0	12.12
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should		NAME (Type)	IVI FI	Denson		11 YOUK.	ry vaile	irei /	1110
HO Be ge contract	23a	BUR AL, CREMATION,	23b. DATE		CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County	(State)
020 5 TH	B	REMOVAL (Specify)	5-20-6	9 Lorra	ine Cemetery		altimore, N		
VR AT SAME	24	FUNERAL DIRECTOR		ADDRES	5	2Sa REC'D BY REG		RAR'S SIGNATUR	
30M REV 468	A	rmacost Fur	neral Ch	apel 4600 L	iberty Hts.	DATE JUN 2	0 1989 1	limber	sedge.
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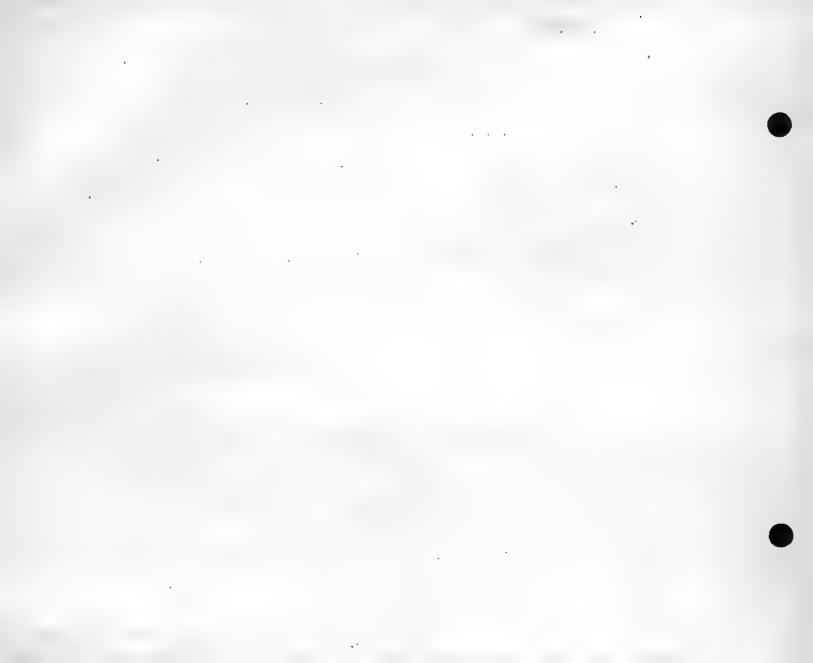
. 1	MAN STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	08091
)	DECEASED-NAME First Middle Last 20. DATE OF DEATH	2b. HOUR
1	(Type or print) MARY PAULOVICH June 26, 1	969/ Yeor 8 A M
1	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years	F JNDER I YEAR   IF UNDER 24 HRS.
L	F W De 8, 1887 To birthdoy) YE	MONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
- 1-	Moravia USA WIDOWED DIVORCED Baltimore	Md.
	CITY OR TOWN OF DEATH  It NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired during most of working life, even if retired	
1	TUSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c, CITY OR TOWN 13a MISIDE CTY LIMITS? 13e STREET AND NUMBER	at Home
	mission) STATE Md 13b COUNTY Balto Glen Arm YES NOW Factory Re	d. Glen Arm
Ī	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
1	Joseph Shafer Framces Ulman	
T	o, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT Address	
ŀ	18. CAUSE OF DEATH (Enter only one cause per line or (a) (a) (b) (a) (c)	
	PART 1. DEATH WAS (AJSED BY IMMEDIATE CAUSE (a)  Let 1	CUCAT DOSLAN
١	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 2Db. IF YES, WERE FINDING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INNIRY 121c. HOW INJURY OCCURRED (FIRST ORDER OF INJURY ID PORT 1 or Port	S CONSIDERED IN CERTIFYING
	Or CONTRIBUTING CAUSE OF DAME HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19	2, Item 18.}
l	While Not write (OFFICE BUILDING, ETC.	County State
	220. I certify that (I) (this hospital) offended the deceased from May, 1900, to saw the deceased alive on 19 7 and that may (aur) apinian death accurred on the couses stated above, (I) (we) and that we me body after death	1967, the (1) (we) last date and from the
١	22d. PHYSICIAN'S NAME(Type) Frank T. Kasik, Md.  22e ADDRESS Harfodd road	
ŀ	a BUR AL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	Burtal (Specify) 6/30/69 Holy Cross Cem Anne Arund	
Ì	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
ı	F. EVANS & SON 8802 Hatford road July 1 1969 Pelo	rles Judge



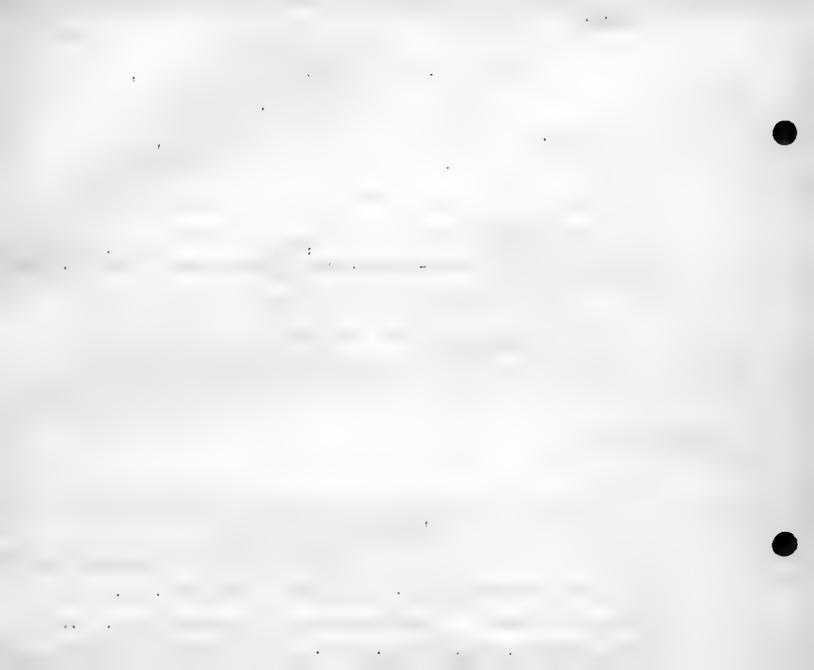




	1	1	$\Omega$	DIVISION OF V			EPARIMENI OF STON STREET, BA		LADVIAND 21	201		
	'		08101	D11131011 01 11			TE OF DEATH		MARTEAND ZI	201	0809	3
	death		ECEASED NAME First (type or print) ROLAN	D	M ddle AUGUST	P	Lost ENSKI	2o. DATE	OF DEATH  JUNE	fo	1969	25: HOUR
	after State of the	3. 5	MA <b>LE</b>	4. RACE WHITE			DATE OF BIRTH ECEMBER 2,	1891	6 AGE (In yellos)	ors #F	UNDER I YEAR   IF	JNDER 24 HRS HOURS MAN
	in brens Prose	70. cou M/		76 CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED DIVORCED	9 COUNTY	OF DEATH	TIKS		
	executed within 24 hours after death and completely filled in by the Joyerol any event, within 72 hours bresidenth	1D.	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INST	JULION (If not a		LIAL OCCUPAT	ON (Kind of work	done	126, KIND OF BU INDUSTRY	SINESS OR
	cyfed v smplere ve corb	13a odm	USUAL RESIDENCE (Where deceose			BALTI	WN 13d INS DE CIT	Y JIM TS? 13e	STREET AND NUM 706 WILKE	BER	VENUE	
	n and ce remo		FATHER'S NAME First OHN PENSKI	Middle	Lost	IS. N	OTHER'S MAIDEN NAME MARTHA	First		ddle		Lost
	hysician n pleos	160	was deceased ever in u.s. arm es, no or unknown) (If yes give w		b social security no 220 38 573	_			Add	iress	HOWARD	. MD.
219	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 his Page 4 may be retained by the hospital or ottending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 his page 1.		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per tine if BY TE CAUSE {o} C] DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	F LIVE	2				APPROX MAT BETWEEN ONSE	E INTERVAL
72	The low r ottendi s hos ber use as the	CERTIFICATION		ONDITION FOR WHICH			2Do AUTOPSY? YES NO	CAL	IF YES, WERE FINI ISES OF DEATH?			IFYING
	HYSICIAN: hospital o s certificate ached for apt. of Hea	MEDICAL CI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exomin 21d. INJURY OCCURED 21e.	er) HOUR A.M. A	Month Doy Year		INJURY OCCURRED (En		njury in Port 1 or		n 18) County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creation	:	White Not white at work 220. I certify that (1) (this saw the deceased of causes stated above 22b SIGNATURE	) (we) (aid) (as	o'nor, view the b	ody offer dec	ith.	69 , to_pinion deat	CTAFE	22c DAT	TE SIGNED	
	FITAL O		22d PHYSICIAINS NAME (Type) J. D.	TALBERT,		DEGREE	PHYS 22e ADDRESS VET. ADM.		PHYS LI		11, 19 MARYL	
	TO HOS Page 7 TO FUN directe	23a	BURIAL, (REMATION, 23b. D. BURY (ASSECTIV)	ATE 0/13/69	23c NAME OF CE	PARK CE	MATORY METERY	23d 100/ BALI	TION ((Ify or Town	n) (	County)	(Stote) ARYLANI
	VR A15 AL	24	FUNERAL DIRECTOR		WPW2k 4101	e Fune:	al Homerece son Ave. J	BY, REG STRAF	1969 REGI	RES SIG	MIURE	ge.



1 X	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
· of	CERTIFICATE OF DEATH	08094
£ = £ £	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print)	2b HOUR
÷ (5)	ARTHUR Camp PERKINS JUNE 22,	1969 11:50
F (IVE)		F UNDER 1 YEAR  F UNDER 24 HRS ONTHS DAYS HOURS MIN
by Pogours		
4 haurs	76. BIRTHPLACE (Stote or foreign country)  75. CITIZEN OF WHAT COUNTRY?  8 MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED BALTIMORE.	66.1
be executed within 24 haurs after death and campletely filled in by me tuge all remove sarban papers. Plage and and any event, within 72 haur and the filled in the filled	10 CITY OR TOWN OF DEATH TOWSON  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital DISCUSSION TOWN OF DEATH Give street or institution (If not in hospital DISCUSSION OF DEATH GIVE STREET OF WORK, AND IT REPORTS OF WORK, AND IT WORK, AND	12b. KIND OF BUSINESS OR INDUSTRY STATE ROADS
that the death certificate be executed withing.  by the attending physician and campletely fransit permit. Then please remove carban crematian, or remaval, and thouse garban, with	130 USUA, RESIDENCE (Where deceased lived, if institution: Residence before odmission)   STATE   13b COUNTY   13b COUNTY   13b COUNTY   13b COUNTY   13b COUNTY   13b COUNTY   13c COUNTY	
exe eme	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
o o o	Carroll Chambers Perkins Ida Camp	
ertificate b physician pen please aval, and c	16b WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown)   (If yes give wor or dates of service)   (If yes give wor or dates or dates of service)   (If yes give wor or dates	. Towson
phy en ava	Yes, no, or unknown) (If yes give war or dates of service) 220-36-8298 Helen Keown Perkins, 319 Fairw.	ay Dr., 21204
equires that the death certific physician. signed by the attending physiburial fransit permit Then physiburial, crematian, or remaval,	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
dea frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc frenc fr	IMMEDIATE CAUSE (o) Cardio-respiratory Insufficiency	
t the are sit pe	Conditions, fony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, fony, which gove)	
hat ansi	rise to immediate couse (o).  storing the underlying couse  (b) Acute Myocardial Infarction and  DEFINITION OF THE PROPERTY OF	
	(c) Acute Pulmonary Edema	
requires that the physician. I signed by the burial-transit aburial-transit aburial-transit aburial, crematical aburial ab	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law re nding been s the ior to	NO	
IAN: The law reflated or attending littate has been sfar use as the killed the late of the killed t	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 1216 TIME OF INSIRY 1216 HOW INDIRY OF INSIRY 1216 HOW INDIRECTOR IN INDIRECT	SIDERED IN CERTIFYING
: The or after the has a lath but	YES NO CAUSES OF DEATH?	
YSICIAN: aspital or certificate hed for ur or af Health		n 18.)
	The contributing Cause of OEATH Commers HOUR A.M Month Doy Yeor 19 21d Illney Occurred 21d PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town work of work of work	County Slote
DING   by the lifter of be de State (	220. I certify that (I) (this hospital) attended the deceased from June 22, 19, 69, to June 22, 19, 69 and that in (my) (aur) apinian death occurred an the date	9 , that (!) (we) lost
ATENDING etained by the CTOR: After the should be die with the State	causes stated above, ())-(we) (aid) (aid not) view the bady ofter death.	and hour and from the
OR DIRE	the Selverant M. D. DEGREE PHYS DIRECTOR DIRECTO	TE SIGNED 9
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be file	22d PHYSIC AN S NAME (Type) Christina Feliciano, M.D. 27e ADDRESS 7620 York Road Balto., Md.	21204
O HOS Page 4 O FUN directo	230 BUR AL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 5 5 %	BURIAL 6/25/69 Woodlawn Cemetery Woodlawn, Balto	
VR AIS AN	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 5 SIG	SNATURE
45M 1/68	STEWART & MOWEN CO.108 W.North Av., Balto.1 BAR UN 2 6 1969	A Second



		1		MAKTLE	AND STATE DEPARTMENT	OF HEALTH	
	1		00400	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 2120	1
	•		08103		CERTIFICATE OF DEA	ATH 1	08095
	€ -2€		ECEASED-NAME	First Middle	Last	20. DATE OF DEATH	2b. HOUR
	death and 2 death	١ (	Type or print)	rles Abarus	Perkins	Month	26 1969 320 A.M
		3 5		4. RACE	S. DATE OF BIRTH	6 AGE ( n years	
	E ( LAT		M . l . l	Luc to	(Oct. 8)	18.79   last pirthday)	MONTHS DAYS HOURS MIN,
	E LEGE	70	BIRTHPLACE (State or foreig	an 7b. CITIZEN OF WHAT COUNTRY?			ns.
	in By P S had		bit.A) F 'V	JII 70. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	= la v	0 1
	cuted within 24 h	$\mathbb{R}$	Jaryla NA	M. S. H.	WIDOWED DIVORCED [		County, Md.
	filled pape thin 7		CITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR give street address)	3	<ol> <li>USUAL OCCUPATION (Kind of work during mast of working life, even if relied</li> </ol>	
	carban ent, wit		OWSON	give street address) Age Wolly	ens & Mens Mamb.	uning mass of working me, even it rent	Ju., 100031K1
	ed plet	13a	USUAL RESIDENCE (Where	deceased lived, it institut an: Residence before 13b, COUNTY		SIDE CITY LIMITS? 13e. STREET AND NUMBER	R
	5 5 3	COL	Ston) - STATE and	BALLMARE	Baltimore, YES	P NO 4429 RA	SPE AUU.
	e executed wirl	14.	ATHERS NAME FIRST	Middle Last	15. MOTHER'S MAIDEN	NAME First Middle	le Lost
	law requires that the death certificate be executed within 24 haurs after death anding physician.  been signed by the attending physicidia and completely filled in by the uneral state burial-transit permit. Then please remaye carbon papers. Plagan I and I are to burial, cremation, or remayal, and I many event, within 72 habre after death riar to burial, cremation, or remayal, and I many event, within 72 habre after death		Rober	+ Lewis Per	KINS	Evalled	Mainley
	icidn leose and		WAS DECEASED EVER IN L	S. ARMED FORCES? 166 SOCIAL SECUR!		Addres	55
	physicial	١	es, no or unknown) (ff y	yes give wor or dates of service) 223 - 26 -	4612 Dayou 8.	Harulton 615	Clostnut Aug
	cert p pt her nav	=		nter only one cause per line for (a), (b), and		* ( )	APPROXIMATE INTERVAL
	attending etermit. Thi		PART I. DEATH WAS	CAUSED BY	D. +	377	BETWEEN ONSET AND DEATH
	ded ten mit	ı	10,50		mora Will		- Igr
	he at pe		1.05.X	DUE TO, OR AS A CONSEQUENCE	OF		
	t the British		Conditions, if any, which rise to immediate cause	e (a). (D)			
	trait by creater creater than the create	ı	stating the underlying o		OF		
	quires that th physician. signed by the burial-transit t		est.	(c)			
X	equires the physician signed by burial-trar burial, cre		PART 2. OTHER SIGNIFICAL	INT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a)	la sea
3	w reding een the tra	š	<u> </u>	SCUD			glas
70	PHYSICIAN: The law requires that the death certific e haspital ar attending physician. his certificate has been signed by the attending physitatehed for use as the burial-transit permit. Then p Dept. of Health priar ta burial, crematian, or remaval,		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
1	The ratte e has use a slith pr	CERTIFICAT			YES 🔲	NO CAUSES OF DEATH?	
	YSICIAN: aspital ar certificate thed for u		21a ACCIDENT WAS UND		21c HOW INJURY OCCURRED	D (Enter nature of injury in Part 1 ar Po	rt 2, Item 18.)
	CLAN ital c liftical if for if He	MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical		ear 19		
	JING PHYSICIAN: by the haspital ar fler this certificate be defathed for u State Dept. of Heal	ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AF HOME, FARM, STREET, OFFICE BUILDING, ETC		R.F.D. Na. City or Tawn	County State
	PH he h his eta Dep		While Nat while at work	OFFICE BUILDING, ETC	/		,
	by the fler of be de State			(I) (this haspital) attended the dece	ased from the oil 13	, 1959, to June 7/2	, 19 <u>69</u> , that (I) (we) last
	Aft Aft St		sow the deceos	sed olive on Lune 2351	19 69, and that in (my) (a	wr) opinion death accurred on th	e dote and hour and from the
	He de la company		couses stated o	above, (I) (we) (did not) view th	ie body after deoth.	, , ,	
	OR ATTENDING be retained by the JRECTOR: After a 3 shauld be d and with the State		22b. SIGNATURE	1	ATTENDING	MED STAFF	22c DATE SIGNED
	OR Je 7		1/10	wland ? Day	DEGREE PHYS	MED. STAFF DIRECTOR DIPHYS.	Aune 24, 1969
	AL DO		22d. PHYSICIAN'S	0	22e. ADDRESS	est n .4(1)	1. 1
	FIRA ERA		NAME (Type) N	ewland E. Day	4-8.	-33 WST Balliant	Mid.
	TO HOSPITAL OR ATTENDING PH. Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be defore should be filled with the State Dep	230	BURIAL CREMATION,	23b DATE 23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County)_ (State)
	05 0 £ £		BEMOVAL (Specify)		enmount Cemetery	23d. LOCATION (City or Town) Baltimore,	Maryland
	X	24.	FUNERAL DIRECTOR	ADDRI		REC'D BY REGISTRAR 25b. REGISTI	RAR S SIGNATURE
	30M REV. 1/68	1	Wm. Cook-Bro	woks Towson 1050 Yor	1 pd 0100/	Dillia	conta Dudas
		E.			UNI	TARREST 7. 7 1915/16 20/~	COMMENT AND STREET AND STREET

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<u></u>	MARYLAND STATE DEPARTMENT OF HEALTH  OSTOR DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08097
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN T Month	Day Year 25 HOUR
g ge to	(Type or Print) —SIDNEY Sydney J. PERRY DEATH MATED _ June	9,,9691:004
로 모 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years   IF UNDER 14 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny del , 2, and n PM3.	IRS 1	Yeor 1969 1:00A
- E	76. CITIZEN OF WHAT COUNTRY?  8 MARRIED PANEVER MARRIED   9 COUNTY OF DEATH  COUNTRY) England   U.S.A.   WIDOWED   DIVORCED   Baltimore	Md
arth tage th f	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind of work done 12)	26 KIND OF BUSINESS OR
fter death Give Pages 1, ang with farm ith the State be	Towson give street address) St. Joseph Hospital during mast of working life, even if retired.)	Bush (Leaner
C m D ≥ m 1	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 135 CITY OF TOWN odmission) STATE Maryland 13b COUNTY Baltimore Fullerton YES NO 28219 Belair Rd.	se Trailer P
hours a tem 18. Office all and 2 w	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
4 - 1	Unknown	
be executed within 24 "pending" in penchin ief Medical Examiner insit permit. Fits-pages event within 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No. or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 212-20-7849A M.s. Kithryn Meredith - 750 E. 3	6th Street
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ite Medical Reliant permit. Fevent within	PART I. DEATH WAS CAUSED BY Multiple traumatic injuries	DE TICE ONSET HAD DEATH
exe endi Me Me	5/47 DUE TO, OR AS A CONSEQUENCE OF	
be hief	Canditians, if anyf, which gave nse to immediate cause (a), (b)	
should be e should be e ne ward "per to the Chief I bursal-transit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she we he we have he was a well-wide he was a weak he was a weak he will be a window he will be a wide he will be a wide he will be a wide he will be a weak he will be a weak he will be a weak he will be a wide he will be a wide he will be a weak he will be a wide he will be a weak he will be a wide he will be a	last (c)	
s certificate should be execute, e, writing the ward "pending" forwarded to the Chief Medical used as a burial-transit permit.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ware ware wall, was a sea of the	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	2D AUTOPSY?
his certificate, writing the forwar	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then	YES 🔀 NO 🗀
T 0 0 7 7	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
INER: 1 e certific should b files. 3 should	PRIMARY TOR CONTRIBUTING HOUR A.M.  PM 6-8- 19 69 Pedestrian struck by car    21d INJURY OCCURRED   21e, PLACE OF INJURY (At home, form, street,   21f, LOCATION, Street or R.F.O. No. (ity or Jown)	
		County State
EXAMINER: the the cert age 4 should ryour files. Page 3 should.	AT WORK AT WORK X Street Belair Rd.&Putty Hill Ave.	Balto. M.D.
ICAL E exector for Pare for CTOR: buriel,	220. I certify that I took charge of the remains described above, held on Autopsy 🗵, Inspection 🗍, Inquiry 🗍,	ond in my opinion
Se eschal	deoth resulted from: Notural couses [ ], Accident X , Suicide [ ], Hamicide [ ], Undetermined manner [	
please (Plairecta retained Library)	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIE	outen
EPUTY issary, ple funeral di ay be rett ay be rett in ERAL D	SIGNATURE AND ASSISTANT MEDICAL EXAMINER X	9/69
o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, crem	RAME (Type) Ronald N. Kornblum, M.D. ADDRESS (Street, city, town, or county)	71.03
TO DEP necess the fur 5 may TO FUNE Health	Ronded No Rottle Longita De	Caunty) (State)
^	24 FINNEAL DEFCTOR ADDRESS 1250 DEC D. BY DEG STRAP 1250 DECISIPARS SI	SNATURE
VR A15ME (5) PA	John C. Miller Inc-6415 Belair Rd21206 Del N 1 2 1969 golumba	, Judge



23		1			ID STATE DEPAK			
7			30180	DIVISION OF VITAL RECORDS			RE, MARYLAND 21201	08098
		_	- 00		CERTIFICATE C			
	death.		ECEASED NAME First Type or print) JOHN	M.ddie Lester	lost PETERS		DATE OF DEATH  Month  Doy	5 Year 69 5:45 M
	the fu	3 5	MALE	4 RACE White	5 DATE O	25,1892	6 AGE (n years last birthday)	IF UNDER 1 YEAR F JHDER 24 HRS MONTHS DAYS HOURS MIN
	thau hau	70. cou	BIRTHPLACE (State or foreign ntry) N.Y.	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X NEVER	MARRIED 9 CO	DUNTY OF DEATH BALTIMORE	
	physician.  physician.  signed by the attending physician and compretely filled in by the funeral burial-transit permit. Then please remove carban pages. Pages 1 and 2 burial, crematian, ar remayal, and in any event, within 12 trans after death.	10	CITY OR TOWN OF DEATH TOWSON	1) NAME OF HOSPITAL OR IN give street address) GRTR_BALTO	ST.TUTION (If not in hospit	ol 120. USUA. 00	CUPAT On (Kind of work done working life, even fretired)	12b KIND OF BUSINESS OR INDUSTRY
Ĉ.	cuted v	130 odm	JSUAL RESIDENCE (Where deceose ssion) STATE Fla.	ed lived, if institut on Residence before	13c CITY OR TOWN Clearwater	13d INSIDE CTY LIMITS? YES NO	13e STREET AND NUMBER	r Street
	and	14	FATHER S NAME First Carl	M.ddle Lost Oscar Peters	15. MOTHER	s maiden name First Heler	Middle	Ah s
	tificate hysiciar n pleas val, and	160	. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) 1.11 yes give wo	NED FORCES? ar or dates at service)  16b SOCIAL SECURITY  067-05-2			Address	Clearwater, Fla
	requires that the death certificate be glybysician. I signed by the attending physician are burial-transit permit. Then please is burial, crematian, ar remayal, and in		DADT I DEATH WAS CALISED	y one couse per the for (a), (b) and (c)	)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	the de e atter t perm Itlan, a		(Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF			,	
	s that cian. I by if transi		rise to immediate cause (a), stating the underlying cause lost	DUE 10, OR AS A CONSEQUENCE OF		MA.	272	
0	physical signed burial			(c) GENERALL2  DITIONS CONTRIBLING TO DEATH BUT N				
12	bing PHYSICIAN: The law requires the by the haspital ar attending physician, ther this certificate has been signed by be detached far use as the burial-transtate Dept. of Health priar ta burial, stee	CERTIF, CATION	190 DATE OF OPERATION 196 C	CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. A	LTOPSY?	20b 1F YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
N	CIAN: The state of the city of	ਤ	210 ACCIDENT WAS UNDERLYING GROWTH BUT NO CAUSE OF DEATH (If either, notify medical examini	HOUR A.M. Month Doy Year	21c HOW INJURY		re of injury in Port 1 or Port 2, 1	tem 18.)
	NING PHYSICIA) by the haspital fler this certifice be detached fail State Dept. of He	MED	21st INJURY OCCURRED 21e f White Not while of work	PLACE OF INJURY ( AT HOME FARM, STREET FA	ctory.) 21f LOCATION S		City or Town	County State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. Leertify that (1) (this	s haspital) attended the deceasive an Juna 5	ed fram June 1969, and that in bady after death	3 4 , 19 69 (my) (aur) apinian	, ta <u>Jun⊖ 5, 19</u> death accurred an the da	69 , that (I) (we) last te and haur and from the
•	D HOSPITAL OR ATTENE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b SIGNATURE	union al	-//	NDING MED.	- FTAFF	UNE 6, 1969
	TO HOSPITAL Page 4 may b TO FUNERAL D director, page shauld be file		22d PHYSICIAN S NAME (TYPE) ELMUI	NDO LARRAWAGA,		ADDRESS 6701 V.CH		
	Page TO FUN direct	23o	BURIAL, (REMATION, 23b D. REMOVAL (Specify) Jun		CEMETERY OR CREMATOR	1	. LOCATION (City or Town)  Baltimore	(County) (State)
	VR AIS AND		FUNERAL DIRECTOR	as & Son, Abingdor		250 REC'D BY REC		CICMATHDE



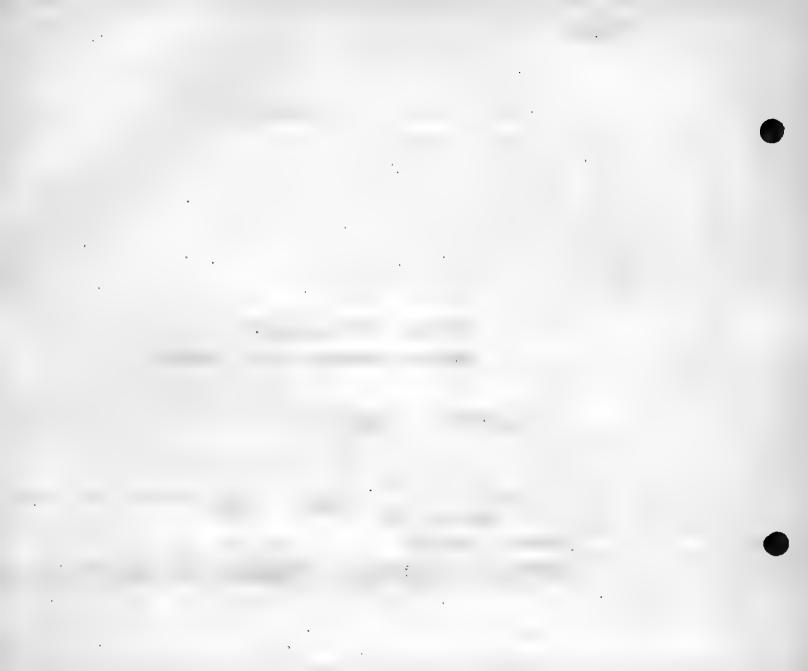
	08107	DIVISION O		301 W. PRESTON STRE		MAKILAND ZIZUI	0809	9	
1	DECEASED NAME (Type or print)	First ESTER	Middle	PETERSON	2a DAT	E OF DEATH  Manth  Da	h <sup>1</sup> 89	2b. HOUR 6:30P M	
3	MALE	4 RACE WHIT	E	S DATE OF BIRT		6 AGE (In years last, birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
50	BIRTHPLACE (Store or foreign BALTIMORE, MI			8. MARRIED   NEVER MARRI WIDOWED   DIVORCE	DA	OF DEATH LT IMORE		Md	
10	FORT HOWARD	give VE	street oddress) T. ADII. HC	STITUTION (If not in hospital	120 USUAL OCCUPA during most of work	NON (Kind of wark done king life, even if retired)	12b. KIND OF BALCIM	BUSINESS OR OTE City	
13 ad	Ba USUAL RESIDENCE (Where di Impression) STATE MARYLA	around hand it inches	ution Residence before	13c CITY OR TOWN 13c	ES X NO 5	e STREET AND NUMBER 12 N. Street			
14	FATHERS NAME First MART	Mrddle N	Lost PETERSON		ELIZABE	Middle TH	RAUG	Last H	
16	Yes no orunknown)	. ARMED FORCES? give war or dates of service) W II	218 05 21		ORDS, VA H	OSP. FT HOW			
	18 CAUSE OF DEATH (Ent PART 1. DEATH WAS C		ne for (a), (b), and (c)					NATE INTERVAL NSET AND DEATH	
		Conditions: if ony, which gove is to immediate cause (a)  DUE 10, OR AS A CONSEQUENCE OF FATTY CIRRHOSIS, LIVER  (b) FATTY CIRRHOSIS, LIVER							
	stating the underlying co	stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     OST   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
3		CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	DISEASE OR CONDITION	GIVEN IN PART 1(0)			
CEDTIENCATION	19a DATE OF OPERATION		HICH OPERATION WAS PE	RFORMED 20a. AUTOPS		b. IF YES, WERE FINDINGS LLSIN DEDEATH?	CONSIDERED IN CI	RTIFYING	
MEDICAL CE		F DEATH HOUR A.M.	Manth Day Year		RED (Enter nature of	injury in Part 1 ar Part 2,	liem 18)	301111111111	
3	While Not while			TORY.) 21f LOCATION Street	ar R F.D. Na.	City ar Town	County	Stote	
	22a, I certify that (b) saw the decease causes stated al	C(this haspital) att d alive on	tended the deceos	9 and that indepty)	, 19, te (our) opinion deo	th occurred on the de	, that ate and hour	(x) (we) lost and fram the	
	22b. SIGNATURE	4	Dungar	4 6	MED DIRECTOR	STAFF PHYS. 22c	DATE SIGNED 6/12/69		
		HARD J. BUI	NYOR, M. D	22e. ADDRE		IARD, MARYLA			
L	BrubAvV (Thecith)	13b DAYE /69	LOUDEN	CEMETERY OR CREMATORY PARK NATIONAL		AT ON (City or Town) ALTIMORE, MD		(State)	
*	M Zann	ino	JOSEPH N	. ZANNINO FUNE	RAICD HOPETRA	1369 25b. RECEDEN	SI WATL TOO	egita .	



- 1		BRAKA	DIVICION OF V		STATE DEPA					
		80188	DIAISION OF A		ERTIFICATE		MORE, MARYLAND 2	11201	0810	0
ł		CEASED-NAME First		Middle	Las		2a. DATE OF DEATH		OOLO	2b. HOUR
ı	T}	ype or pnnt)	nes	H.	Pettyjohn		June	Day	1969	3:00pM
	3 SE	X	4 RACE			OF BIRTH	6 AGE (in	years	F UNDER I YEAR	F JNDER 24 HRS
		Male	Whit		Dec	cember 17	, 1884   lost birth	YRS.	ONTHS DAYS	HOURS MIN
П	7a. E caur	IRTHPLACE (State or fareign try)	7b. CITIZEN OF WHAT		B. MARRIED [ NEVE	W IIIAKKILO [_]	9. COUNTY OF DEATH			
ŀ	10.0	North Carolii	a USA	C OF HOSPITAL OR INC	WIDOWED TO ITUTION (If not in hose	DIVORCED	Baltimore			Md
۱		Towson	give str	eet address) St.	Joseph	during mo	L OCCUPAT ON (Kind of worst of working life, even if a timed	retired )	126 KIND OF B INDUSTRY	USINESS OR
ス	13a admi	USUAL RES DENCE (Where decedersion) STATE Maryland	sed lived, if institution 13b. COUNTY Ba	Residence before	13 CITY OR TOWN	139 MISIDE CITY LIN	WIS? 13e STREET AND NU	JMBER	'd m m m d	lle.Md.
	14 F	ATHER'S NAME First	Middle	LOST		R S MAIDEN NAME FI			21087	Los Pio
		Unkno	Wh		E	LLEN	JOHNS	ON"	-2001	
Ī	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECURITY N	0. 17. INFORMAL	NT /		Address	29.14	NDALG
ļ	_	_/			/Y/12	23 , WW	NTERME	YER	AUE	,
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ny ane cause per line. D. RY-	far (a), {b}, and (c))					BETWEEN ON	ATE INTERVAL SET AND DEATH
		IMMEDI	ATE CAUSE (0)	A MILL CE	rebral her	norrhage				
		Canditrans, if any, which gave		ACTORISED CONTROL OF		34 7 -	- Di			
		nse to immediate cause (a),	(14) 25.1	CONTRACTOR CAR	Atrial F	bri lati	ar Disease w	ıtn		
- 1		stating the underlying couse last.		abetes Me						
_		PART 2. OTHER SIGNIFICANT CO				RMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1	0)		
-	*									
2	CERTIFICATION	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PER		AUTOPSY? ES NO DE	20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CON	SIDERED IN CEI	RTIFYING
		210 ACCIDENT WAS UNDERLY			21c. HOW INJUR		nature of injury in Port 1 a	or Part 2, Ite	m 18)	
	MEDICAL	OR CONTR BUTING CAUSE OF DEA	ner) P.M.	Manth Day Year 19						
		While Not while I	100	FFICE BUILDING EIC	ORY.) 21F LOCATION		City or Town		County	State
		22a. I <b>certify</b> that (X) (the saw the deceased of	s haspital) atten	ded the decease	from June	9 25 , 19 (	59, to June 2	7 , 19 6	9 , that	(We) last
		saw the deceased o causes stated above	live on <u>June</u>	bdosov) view the h	Oy, and that i	n (my) (our) apır	nion death accurred o	n the date	ond haur a	nd fram the
1	ł	22b. SIGNATURE	5,41 (We) (did) (d.	ALZEDE) VIEW IIIE D				22c. DA	TE SIGNED	
1		MY Kimi	won ope		DEGREE PH	TENDING MI	ED STAFF PHYS.	l	ne 27.	1969
Ţ		22d PHYSIC AN S NAME (Type) NT A T	1)			ADDRESS				+/ //
		NICI	(unawongsa			620 York I			d. 2	1204
1	23a	BURIAL (REMATION, 23b.	DATE /// C9	PIEASAS	EMETERY OR CREMATO		23d LOCATION (City or To	N.C	(Саилту)	(State)
	24.	JNERAL DIRECTOR	- /-	ADDRESS	1 77	2So REC'D BY	A - 4	GISTRAR S S	GNATURE	-
L	_	1044 CIVILL	DENC 6	415 BELA	RKD.	DANUL	1 1969 /	~~~~	D Jung	56



1_/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 .e.s.	08109 CERTIFICATE OF DEATH 08101
er deat	1. PLACE DF DEATH a. CDUNTY  BALTITUTE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) b. COUNTY  BALTITUTE  MARYLAND
in by the safet hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
nted within 24 hours completely filled in bl ve carbon papers. Pa event, within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
executed within and completely remove carbon is any event, within any event, within	Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH  9. AGE (in years   FUNDER 1 YEAR    FUNDER 1 YEAR
xecu and emo any	WIDDWED DIVORCED LIVE AND TO THE VIS.
physician please rival, and in	LEHISH CENERALCO INDUSTRY CARRENT CO. N.D. COUNTRY
death certificate le attending buys permit. Then ple ion, or removal, a	13. FATHER'S WAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  FANNIE ECKER
e death certing the attending p it permit. Then sation, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 2/3 - (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - / (3 - /
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
lires that the deat physician. n signed by the at burial-transit pern burial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORPHAGE  HISTORY  DUE TO
een si een si ee bur to bur	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO  Conditions, if any, which by ARTEN/OSCLEROTIC C. V. DISEASE  GENERAL CONTROL C. V. DISEASE  DUE TO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by t director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	underlying cause last. (c)
t. The saf or saf or saf or use for use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  10. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  11. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
Sicial hospil s cert ached ept. of	
by the ter thi se det tate D	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   Hour a.m.
or: Ained hould the S	21. I certify that (I) (this tospital) attended the deceased from Section, 1968, to SUNE 12, 1969, that (I) (we) last saw the deceased alive on Sune 17, 1969, and that death occurred at 120 M, from the causes and on the date stated above.
be ref DIRECT Se 3 S ed with	22a. SIGNATURE  MONTHS & STAFF  M.D. ATTENDING MED. STAFF  PHYS.   22b. DATE SIGNED  M.D. PHYS.   DIRECTOR   PHYS.
Page 4 may be retained by the hospital or attending processing the property of the processing of the p	22c. PHYSICIAN'S NAME (Type) MARTIN F. STRORF! 59 HANDVER RD. RESTORAL M
Page O FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL-DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR AIS (4)	1 De affer HORAGE CINION BRILL PATE 11 1000 1
N. Carlotte	

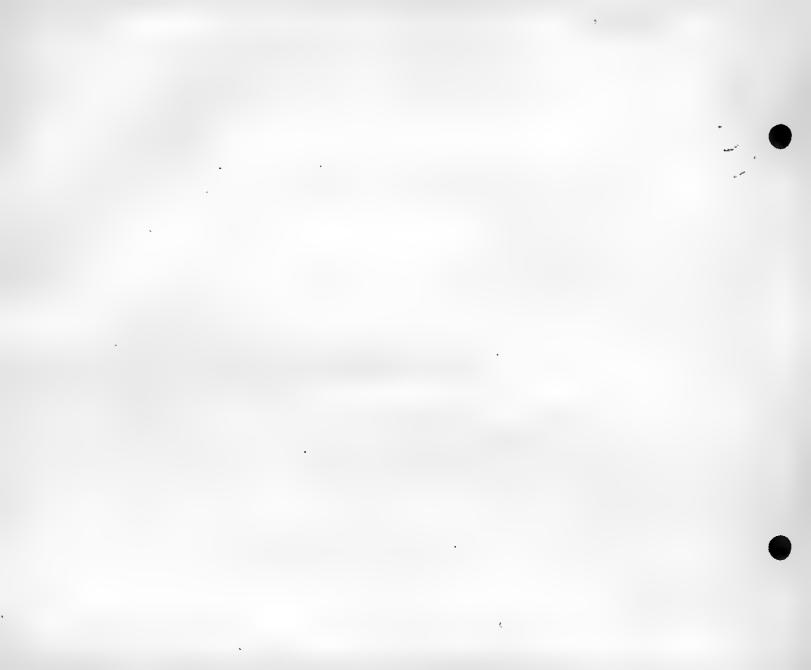


	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										00100		
FOR STATE		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH									08102		
HEALTH DEPT. ∴ ⇔ ≋(1/5)		PECEASED-NAME Type or Print)	Joseph		Mi	ddle	POSPISI	I Jr.	20 DATE KNOWN OF ESTI- DEATH MATED	- 6	Doy Year 23	25 HOUR 8;35	
any deroy is 2, and 3 to PM3, Page	3	lale	4. RACE White	S DATE OF	BIRTH ₩16	6 AGE ( n year lost bythday)	MONTHS DAYS	HOURS MIN	2c DATE PRONOUN Month	ICED DEAD	Yeor 1969	2d HOUR 8:354	
s 1, 2, 2, orm P		BIRTHPLACE (Stote		b. CITIZEN OF	WHAT COUNTRY?		ARRIED NEVER MAI	RRIED 9 CO	UNTY OF DEATH Baltimo	re		Md.	
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bical EXAMINER. se execute the certactor. Page 4 should need for your files rECTOR: Page 3 should cremation	MED	21d INJURY OCC.  WHILE AT WORK AT	JRRED   21e PL	LACE OF MIJR ory, office but	Y (At home, form,		21f. LOCATION Street		City or Town	21219	County	Stote	
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TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	230	BUR AL CREMAT	6800 ON, 235 E	Morni.	ngton Ro	ad Dund	Y OR CREMATORY	23d	LOCATION (City or	17	(County)	(Stote)/	
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MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 08377 08103 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME First M ddle 20 DATE KNOWNEX Month onth Doy (Type or Print) EST. HUD DEATH MATED I 6. AGE (In years IE HNOER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE 5 DATE OF BIRTH March 2, 1955 14 7o. BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A. Perinsylvania WIDOWED [ DIVORCED I 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTRUCTION (If not in hospital 12b KIND OF BUSINESS OR 130 USUA. RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR LOVA 13% STREET AND NUMBER 13b. COUNTY. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME tost M ddle Catherine (Fuller) L Edward E. Powell Owings Mills. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, ar unknown) (If was give war or dates of service) Edward E. Powell DeerPark Road Maryland NONE APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per upe for (o), (b) ond (c).) PART I DEATH WAS CAUSED BY 3 day IMMEDIATE CAUSE (0) Reach Helm event Conditions, if only, which gave rse to immediate couse (a) any stating the under ying couse burial  $\subseteq$ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT noul remayal, 20. AUTOPSY? 196. DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED? YES [ 210 UXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 24. LOCATION Street or RFD No 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 22a. I certify that I taak charge of the remains described above, held an Autopsy [ Inspection X Inquiry F and in my opinian Accident 💢 death resulted fram-Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION, 23d LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify) Liberty Road Harrison Vill Md. 1969 Mount Paran Cemetery 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) Loring Byers Chapel 8728 Liberty Road 21133 1969





	_	1			ID STATE DEPARTMEN		
-	1		00117	DIVISION OF VITAL RECORDS,			ND 21201
	4		1141170		CERTIFICATE OF D	EATH	08106
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	hours Frish		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	_ (.	H
	rin 24 filled r paper thin 72	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	WIDOWED DIVORCES STITUTION (If not in hospital	120 USUAL OCCUPATION (Kind	of work done 126, KIND OF BUSINESS OR
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	executed and complet car any event,	αφπ	ission) STATE md	COUNTY COMESTIC	Sykesville. Y		Q
	in an	14	FATHER'S NAME FIRST .  MaRio	M ddle Roy Ston Loss	Sus Ant-P	EN NAME First RIC C	Middle .ost
	ificote by hysician hysician please	160	. WAS DECEASED EVER IN U.S. ARM		NO 17 INFORMANT,		ic Address Randallstown.
di	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  J. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the barial-transit permit. Then please remove carban paper should be filled with the State Dept. of Health prar to bural, cremation, or removal, and in any event, within 72	22	PART I DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gove the tall mediate cause (a), stating the underlying couse lost.	y one cause per line far (a), (b), and (c) BY TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT RE	in the file	J. H.S.C. U grie, Cirulot MEASE OR CONDITION GIVEN IN P	S Colleger
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	ICIAN: pital or rhiticate ed for u	20	21a. ACCIDENT WAS UNDER YIN or contributing cause of Death (If either, natify medical examin	HOUR A.M. Manth Day Year er) P.M. 1	9	RED (Enter noture of injury in F	'art 1 ar Port 2, Item 18 )
	s PHYS the hos this ce detache e Dept.	Æ	While Not while of wark	PLACE OF INJURY ( AT HOME, FARM, SIREET, FA OFFICE BUILDING, ETC		or R.F.D. No. City or To	wn County State
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	TO HOSPITAL OR Poge 4 may be r TO FUNERAL DIRE director, page 3 should be filed w	230	NAME (Type) E 44 S  BURIA. CREMATION, 235 C  ROMOVAL (Spec fw)	DATE M _ IGI & 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (Ca	
	VR A15' W	24 Le	FUNERAL DIRECTOR  COOK-Bro	ADDRESS	En Work Rd 25		256 REGISTRARS SIGNATURE





	I		5 08115	DIVISIO	N OF VITAL RECORDS	, 301 W. P	RESTON STREET.	BALTIMOR	.1H RE, MARYLAND 21201		
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	death.		ECEASED NAME Type or print)	First	Middle		Lost	20.	DATE OF DEATH		2b. HOUR
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	4	1 '		4. RACE	E To a Selection		S DATE OF BIRTH	1/6/91	6. AGE (In years last birthday)		IF UNDER 24 HRS HOURS MAN
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	within 24 ho elly filled in 1 ban papers. within 72 ho	COL	TTALY		U.S.A.	WIDOWED [	NEVER MARRIED DIVORCED		UNITY OF DEATH		
	in 2 filled pap hin	10	CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN			3	PATION (Kind of work don	e 12b KIND OF BL	Md.
	e executed within 24 hours after and cample ely filled in by perennava carbon papers. Poles of any event, within 72 hours after		FORT HOWARD		VETERANS ADN	MIN. HO	SPITAL  du	ing mastel	walking if even if retired	CONSTRU	JCTION
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	and		JOHN		- RECCO		MOTHER'S MAIDEN N	MARY	Middle		Lost
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1	fav fend s be as t orar	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20o AUTOPSY?		20b IF YES, WERE FINDINGS	CONSIDERED IN CERT	TIFYING
	The ratte bas use a lith pr	ERTIE	Ol - ACCIOCHT WAS INDEED	VIII.				10 🗆x	CAUSES DE OFFETHS		
	IAN ral a ficat ficat far far Hec		21g ACCIDENT WAS UNDER	DEATH HOLIR		21c. HO	W INJURY OCCURRED	(Enter noture	of injury in Port 1 or Port 2	2, Item 1B)	
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	ING by t ffter ffter be d		22a. I certify that the	(this haspital	attended the decease	ed from	MAY 19	19 69	to JUN 177 I	969 that N	H (wa) last
	R: A utd		22a. I certify that the saw the deceased causes stated abo	alve an	dud (districtive up the	969_, and	that in (HA)) (our	) apinian d	leath accurred on the c	date and hour an	id from the
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	OR report of the period of the		Beall.	Pry 12	4-Ton V.	DEGRE	E PHYS	MED.	STAFF X	6 17769	
	may RAL Page page pe fill		22d HYSICIAN'S NAME (Type) GEO	RGE C/1	McELFATRICK,	M. D.	22e ADDRESS				
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	ne death cer attending p permit. The ian, or rema		18 CAUSE OF DEATH (Enter I		or (a) (b) and (c).	2111	1 8024	Ridge	O. ALMERIMATE Brimten ONSET	NIERVAL AND DEATH
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1/2	pr d	CERTIFICATION	190. DATE OF OPERATION 191	b CONDITION FOR WHICH	OPERATION WAS PER		CAL	. IF YES, WERE FINDINGS USES OF DEATH?	CONSIDERED IN CERTI	FYING
N			21o. ACCIDENT WAS UNDERLY	ING   2.6 TIME OF IN	JIIIDY	YES TOWN INTURY OF	CURRED (Enter nature of	D-11 2 - 0 - 16	the same	
	the state of the s	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Month Doy Year	21C HOW HOURT OCC	COKKED (Enter addute by	injury in Port I of Port 2	r, Item 18 )	
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	Of to be		at work at work							
	DING by t After be d State		22a. I certify that (I) (t saw the deceased	his haspital) attend	ded the decease	d fram 7~/	19 <u>56</u> , ta_	6-1	9 <u>67</u> , that (I)	) (we) last
	NR: NR: Daild		causes stated abov	ve, (I) (we) (did) (di	d nat )view the b	967, and that in (mady after death.	ıy) (aur) apınıan aeai	'n occurred an the i	late and hour an	d fram the
	OR ATTENDIN oe retained by NRECTOR: Afte e 3 should be ed with the Sta		226 SIGNATURE				MC MCD	22	DATE SIGNED	
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	A m		22d PHYS.CIANS NAME (Type) RAM	ON A. S	ALAS	4D. 22e ADD	RESS 419 G-U	N Rd. B	Alto Md.	2/227
	O HOSPI' Page 4 m O FUNER, director, shauld b	230.	BURIAL, CREMATION, 23b.	. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LDC/	AT.ON (City or Town)	(County) (	Stote)
	5-5-00		REMOVAL (Spec tv)	6-4-69	Baltim	ore (emetery	Be	Utimore, Mo	ruland	
	VR A15114	10	funeral director thn c. Miller	Inc-6415 B	elair Rd.	-21206	2So. REC'D BY REGISTRAN	969 256 RECTURAR	SUNATULE	_



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	the the sit f		Conditions, if any, which gove this immediate cause (o),	(5)		wrotec ?	<u> Pascul</u>	ar disease		
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	equires the physician. signed by buriol-tron buriol, crer	1 1:	ast,	(4)					<u>i</u>	
	requires that the death certificate be physician.  signed by the attending physician or burial-transit permit. Then please in a burial, cremation, or removal, and in	Н	PART 2. OTHER SIGNIFICANT CON	THOMS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEA	ASE OR CONDITION C	GIVEN IN PART 1(0)		
0	ding ding een the tro	NO.	O. DATE OF COPPLATION LINE	CANDILLON COD MINISTRATION	C CLU D CLU	A Lan Algransia	100	IE HEE MEDE EMBRIES CO	MEINENCO IN CED	TIEVING
10	The law requires the ottending physician. has been signed by se as the burial-tranch prior to burial, cre	CERTIFICATION	90. DATE OF OPERATION 1916 (	ONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	l ca	b IF YES, WERE FINDINGS CO USES OF DEATH?	MSIDEKED IN CER	IIIFTING
1,0	E Se Personal		I.a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	In		NO NO	injury in Part 1 ar Part 2, II	101	
N	IAN olocol ficat for for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month	Doy Yeor	HOW INDUST OCCORNED	(Enter nature of	injory in Patt 1 at Patt 2, 1	iem (o.)	
	SIC Spil Spil Serti Ped T. of		If either, notify medical examination 21d. IN.JRY OCCURRED 21e. F		PM STREET FACTORY \ 214	LOCATION Street or P	ED No.	City or Town	County	Stote
	by the hospital or the hospital or the hospital or the this certificate be detached for unstable of the list of heal	П	While Not while twark at wark	PLACE OF INJURY ( AT HOME, FA OFFICE BUILD	HNG, ETC.	LOCATION SHEET OF K.	F.D. 40.	city dr 10wii	Coonsy	21016
	ATTENDING stoined by the CTOR: After if should be de inth the Stote	9	Twark at wark a	-hospital\ attended the	e decensed from	Siepel	19 CC to	6-2 - 10	e9 that (	(I) (ma) last
	Aft.	H	22a. I <b>certify</b> that (I) (this saw the deceased ali	ve an 6-2	1967,	and that in (my) (or	ur) opinion dea	th occurred an the dat	e and hour a	nd from the
	OR: ould ould the		causes stated above,	(I) (we) (did) (d <del>id not</del> )	view the body aft	er death.				
	OR ATTENE be retained DIRECTOR: A 3e 3 should led with the		22b. SIGNATURE	= Pa	. 110	ATTENDING	MED DIRECTOR [	STAFF [m]	ATE SIGNED	2/0
	be re DIRE		900 7702	C JOHN	e priso	1117.2	DIRECTOR	PHYS.	une 3	167
	ITAI May SAL SAL Po be fi	1 12	12d. PHYSICIAN'S NAME (Type) JAN	IES F. RA	NE	22e ADDRESS	BALL	TO NATE	PILKE	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 leage 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.	122			NAME OF CEMETERY			ATION (City or Town)	/founts	(Centa)
	direction of the short of the s	230	REMOVAL (Specify)						(County)	(Stote)
			TIAL JUT	5, 1969 L	ADDRESS	PK Can	REC'D BY REGISTRA	dlavn Bal		1.
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	15	4.	Transmi Delinan	JIZ FIGURIE	WALE GANT	LO MIC DAIL			1	



		1/			DIVICION OF M		D STATE DEPART					
		LO-		08118	DIAISION OF AI		301 W. PRESTON S		MORE, MAR	YLAND 21201	0811	1
	•			11/1/1/10			ERTIFICATE OI	DEATH			COLI	-
	=======================================			CEASED NAME First		Middle	Last		2a. DATE OF			2b. HOUR
	e e		(	ype or print) Edgar		U.	Rice		June	Month Day		,u
	E 5		3 Si	X	4 RACE		S DATE OF	RIRTH	1 omié	6. AGE (In years	69 F JNDER 1 YEAR	F JNDER 24 HRS
	告 (重響度)			Male	White			e 9, 189	91	last birthday)		HOURS MIN
	ours ours		7	IDT. DI ACC (Chaban and Carl	7b. CIT ZEN OF WHAT	COUNTRY?	8. MARRIED NEVER M		. COUNTY OF	103.		
	4 ho J in Jers. 72 h		cou	or Michigan	U.S.A.			ORCED		imore		Md
	filled filled thin 7			ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	TITUTION (If not in hospital	120 USUAL	OCCUPATION (	Kind of work done	12b KIND OF B	*****
	Acuted within 2 Campletely fille nove carbon pa	1		owson	"	t oddress)	Bonnie Hill	Rd Ret	i af wark ng h Engin	ife, even if retired)	Wester	
	plet cor		13a. adm	USUAL RESIDENCE (Where deceasesion) STATE Marria	ed lived, if institution	Residence before	13c CITY OR TOWN	.3d INSIDE CITY LIMIT	TS? 13e STR	EET AND NUMBER		
	cam cam y ev			, rary an	id 13b COUNTY Ba.		Towson	YES K NO		Bonnie Hi	LI Rd.	
	de be executive con and ramped sesse remove ond in any ev	1	14 1	ATHER'S NAME First  Cyrus Ri	Middle .Ce	Last	IS MOTHER'S	MA DEN NAME FIR audia	Nye	Mrddie		cast
	ond ond	′		WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY N				Address		
	requires that the deoth certificate be executed within 24 hours after death g physician.  n signed by the ottending physician and campletely filled in by the function by the burial-trans t permit. Then please remove carbon papers. Rates of a burial, cremotion, or removal, and in any event, within 72 hauts-are pleath.			es, na, angrenawa) († yes give w	2]	17-01-338	5 Mrs. Er	ma F. Ri	ce 104	Bonnie H		
				18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one cause per line (	or (a), (b) and (c).	.0 0	Paren	1		APPROXIMA BETWEEN ONS	TE INTERVAL TE AND GEATH
	ottendi				TE CAUSE (a)	enero	uzies 1		roma	VIO SUS	14	ear
	he off			1541	DUE TO, OR AS A	CONSEQUENCE OF	0.00.00		1000	/ .	1	
	the the rate of th			Conditions, if any, which gave ) rise to immediate cause (a), (	(b)	anno C	unima	ua 7	(sel	run	31	eurs
	tran			stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF		0	1			
11	equires that t physician. signed by the burial-trans t				(¢)	TO BEATH BUT L						-
1/1	requestion sicon			PART 2 OTHER SIGNIFICANT COM	DILION2 CONTRIBUTING	TO DEATH BUT NO	I RELATED TO THE TERMIN	IAL DISEASE OREO	NDITION GIVEN	IN PART I(a)		
D	dw din beel th ort		NOIT	19a. DATE OF OPERATION 19b	ONDIT ON FOR WHICH (	TOPPATION WAS DEE	FORMED ( 200 AU	TADEV1	205 15 3	YES THERE EINTHINGS O	DANGING DED IN CEN	TIENU O
1	D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	2	CERTIFICATION	1966-1969	adusta	Peckena	L) Colum YES			YES, WERE FINDINGS OF OF DEATH?	DWZIDEKED IN CEK	HIFTING
	Te de la constant de	K	ER!	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJ	URY	7	_	acture of invini	in Part 1 or Part 2, I	tom 103	
	CIA) Idio Ifica The		펄	OR CONTRIBUTING CAUSE OF GEAT	HOUR AM M	anth Day Year	110 11011 110011 0	CCONNED (EINE)	acole a liquey	THE FORE LOW FORE Z	Ielli Ioʻl	
	vsp osp cert hed hed		MEDI	(If either, notify medical examinated INJURY OCCURRED 21e	PLACE OF INJURY / AT I	OME FARM, STREET FAC	ORY ) 21f LOCATION Str	eet or DED No	Estre e	or Town	County	State
	ATTENDING PHYSICIAN: etained by the hospitol or CTOR: After this certificate should be detached for unit the State Dept. of Heal			While Not while at work	COFFI	CE BUILDING, ETC.		4	\$11 V	1 104411	county	21016
	After After I pe d			22a. I certify that (!) (the	s hasoital attendi	ed the decease	d from Line	17 1966	, to 94	120 1 10	9 that (	l) (we) last
	NDI ND Pid			saw the deceased a	ive on State		and that in (r	ny) (our) opini	on de in a	corred on the do	te and haur or	nd from the
	A Poor			couses stated above	, (1) (w <b>e/</b> (did) (did	nat) liew the t	ody ofter death.					
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached for should be filed with the State Dept. of He	9		22b SIGNATURE	ide d	MIRL	ATTEND	ING MEI		STAFF C	DATE SIGNED	60
	y be y be	4		22d. PHYSIC ANS	a(C)	1000	DEGREE PHYS		ECTOR L	PHYS L	10	9
	RAI			S. A. A. A. P. COM. I	trick C. H	helan d			Wark R	oad Towsor	Ma	
	e 4 UNE Sctori		23σ	BURIAL, CREMATION 23b 1			EMETERY OR CREMATORY			(City or Town)		164-4-3
	Pag O Fig			DESIRELATE CO.	e 20, 69		idge Cemete	rv.		ville Mary	(County)	(State)
	1		24	UNERAL DIRECTOR	, ,	ADDRESS		25a RECD BY		25b REGISTRAR S		
	VR A13 45M	69	Lo	ring Byers Cha	pel 8728 I	iberty R	oad 21133	DATEJUN				之



1   00	DIVIS		D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT		
1 DECEASED NAMI (Type or pnnt) 3 SEX Male 70, BIRTHPLACE (Scountry) Altrona	119		ERTIFICATE OF DEATH	money manifestable £1201	08112
1 DECEASED NAME (Type or pnnt)		Middle	Last	20 DATE OF DEATH	2b. HOJR
, ,, ,	John	Francis	Rider	Month Do	4 69 1:32
3 SEX	4. RA		S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS
Male		hite	1-12- 8-22-	-07   lost birthdoy) YRS	MONTHS DATS FOORS MIN
7a. BIRTHPLACE (S	· ·	ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Altoona	Pa. US	5A	WIDOWED DIVORCED	Baltimore	Md.
Randal	lstown	11 NAME OF HOSPITAL OR INS give street oddress) BA1 t	o-Co. Gen. Hos	Al OCCUPATION (Kind of work done ost of working life, even if retired.)  Manager – West	125 KIND OF BUSINESS OR INDUSTRY  ern Union
13a. USJAL RESID odmissian) STAT	Maryland 13b	if institution Residence before COUNTY Baltimore	13c CITY OR TOWN 13d INSIDE CITY L	13e STREET AND NUMBER 6406 Gilmore	
14 FATHER'S NAM		Middle Lost	IS MOTHER'S MAIDEN NAME I	First Middle	Lost
	James W	illiam Rider			IcQuade
160, WAS DECEASE	D EVER IN U.S. ARMED FOR	ES? 16b SOCIAL SECURITY N		Address	- Ope dade
Yes no ar unki	(Tyes give wor or datus	215-03-74	72 Elizabeth R.R	ider-6406 Gilmo	re Ave.#7
18. CAUSE (	F DEATH (Enter only one co	ause per line for (a), (b) and (c) )			APPROXIMATE INTERVAL BETWEEN JMSET AND DEATH
PART 1	DEATH WAS CAUSED BY MMEDIATE CAUS	Billmone	y Emphysema, Co	or Pulmonale	vears
470	4 V	E TO, OR AS A CONSEQUENCE OF			
Candit ans, i	any, which gave )	(b) Bronchia	1 Asthma		
	inderlying cause DU	E TO, OR AS A CONSEQUENCE OF			
last.	,	(c)			
PART 2 OTH	ER SIGNIFICANT CONDITIONS		T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
190, DATE OF			Mellitus		
A INC. DATE OF	IPERATION 196. CONDITIO	IN FOR WHICH OPERATION WAS PER		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
NO 190. DATE OF	T WAS UNDERLYING 21	b. TIME OF INJURY	YES NO NUMBER OCCURRED VESTOR	r nature of injury in Part 1 or Part 2,	fa 10.)
	TING CAUSE OF DEATH H	OUR A.M Month Day Year	ZIC. HOW HOOK! OCLURKED (ENTE	a norme of injury in Port 1 of Port 2,	rreen 18)
S ☐ OR CONTRIBI	Offurren 21a PLACE OF	P.M. 19 F INTITIPY I AT HOME, EARM, STREET, EACT	ORYA) 216 LOCATION Street or D.E.D. Ma	City or Tawn	Caunty State
While   N	at while	OFFICE BUILDING, ETC.	ORY.) 21F LOCATION Street or R.F.D. No.	tily ar lawn	capity 5/6/e
22g.   cer	tify that (I) (this bose	ital) attended the decease	d from 12/25 196	06 to 6/2/ 10	69 that (I) found last
saw	he deceased alive an	6/2	d fram 12/25 196 69, and that in (my) (aur) api	nian death accurred an the do	ate and hour and fram the
causi	is stated abave, (i) (*	(d) (did not) view the b	ady after death		
22b SIGNATU		rall Bright	DEGREE PHYS CE N	ACD CTACE	DATE SIGNED
22d. PHYSIC.	2 46	that your first	DEGREE PHYS 22e, ADDRESS	RECTOR L PHYS. L	6/5/69
NAME (1		Berger, M.D	8501 118	perty Road Bal	timore. Md
23a. BUR AL CREA			EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
Burrais	6-7-69		wn Cemetery	Baltimore, Mary	land
24. FUNERAL DIRE	CTOR	ADDRESS	25a REC'D B	Y REGISTRAR 256 REGISTRAR S	SIGNATURE
Armaco	st Funeral	Chapel-4600 L	iberty Hts. AvelN	6 1969 / Chart	and Harry

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1	1		DIVISION OF VI		SIAIE DEPAKIM		IH E, MARYLAND 21201		
17		08120	D11131011 01 11		RTIFICATE OF		L, MARTLAND 21201	081	1.3
death.		ECEASED-NAME First Type or print)		Middle	Lost		DATE OF DEATH Month		26. HOUR 5:20 AM
er death	3 5	Bonife	A. RACE	eorge	Ritter S. DATE OF BIJ		ine 29	1969	IF UNDER 24 HRS.
hour offer in by the Tun rs. Pages I haurs after o		Male	White	2		ber 12. I	6. AGE (In years lost birthdoy) 1905 63 YR	MONTHS CAYS	HOURS MIN
Taur		BIRTHPLACE (State or foreign ntry)	76 CITIZEN OF WHAT		MARRIED ( NEVER MARI		INTY OF DEATH	9-	<del></del>
		Maryland	United at	ates   v	VIDOWED 🔲 DIVOR		Ltimore		Md
٠, د		CITY OR TOWN OF DEATH TOWSON	give Site	· Joseph H	JTION (If not in hospital		UPATION (Kind of work don working lite, even if ret red sal shipping		BUSINESS OR
	13a odn	USUAL RESIDENCE (Where deceos Assion) STATE Maryland	ed lived, if institution:	Residence before 13		3d INSIDE CITY LIM TS? YES NO NO	13e STREET AND NUMBER 310 East Git		enue
	14.	FATHER'S NAME First	Middle	Lost	15. MOTHER S MA	IDEN NAME First	Middle	<u> </u>	Lost
		George		Ritter		Anna		(unknow	vn)
		. WAS DECEASED EVER IN U.S. ARN  fes, no, or unknown)   (15 yes give w	or or dates of service)	SOCIAL SECURITY NO	17 INFORMANT		Address		
	-	_No		14-01-5092	Mrs Mar	ie L. Rit	ter - 310 E.		
		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	RV						MATE INTERVAL INSET AND DEATH
i, ar		IMMEDIA	TE CAUSE (a) Mass	sive intra	-abdominal emorrhage	and retro	peritoneal		
far use as the burial-transit permit. Then please remo Health priar ta burial, crematian, ar removal, and in any	Н	Conditions, if any, which gove a	DOL TO, OR MJ M	CONSCOUNTE OF					
e m		rise to immediate couse (a),	(b) PUDI		<u>rioscler<b>á</b>ti</u>	c aortic	aneurysm.		
יכ (כ	Г	stating the underlying couse lost.	(c)	CONSCIDENCE OF					
		PART 2. OTHER SIGNIFICANT CON		TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART I(a)		
	NOIL	190. DATE OF OPERATION 19b.	ONDITION FOR WHICH (	DEBATION WAS PERFO	RMED 20a. AUTOF	KV2	206 IF YES, WERE FINDINGS	CONSIDERED IN CE	EDTHEVING
Ì	CERTIFICATION			TRANSPORTER OF	YES IX	NO 🗀	CAUSES OF DEATH?	CONTIDENCE IN CL	KITTING
1		21o. ACCIDENT WAS UNDERLYIN					a of injury in Port 1 or Port :	2, Item 18.)	
	MED CAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. M	anth Doy Year					
	W	21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT I	OME, FARM, STREET FACTORY, CE BUILDING, ETC	21f. LOCATION Street	ar R F.D. No.	City or Town	County	Stote
	П	22o. I certify that (%) (thi	s haspital) attende	ed the deceased t	rom June 29	1, 19.69.	to June 29, !	9 <u>69</u> , that	(IX (we) last
	П	saw the deceased at couses stated obove	ive on <u>June</u> (0) (we) (did) (did	_ <u>29</u> 196	<u>9</u> , and that in <b>(20)</b> Iv after death	t) (our) opinion (	leoth occurred on the	date ond hour o	and from the
		22b SIGNATURE /. / /	10 (110) (510) (610	Thoi, view the boo			22	c DATE SIGNED	
7		lh, L4Je	luca in	,14,2.	DEGREE PHYS	G MED DIRECTOR	STAFF E	une 29,	1969
1		22d. PHYSICIAN'S J		7	22e ADDR				
		NAME (Type) Christ	ine Felicia	ano, M.D.			l Towson, Mar	yland ∠l.	204
	230	BURIAL, CREMATION, 23b. C REMOVAL (Spec fy) Burial 7			ETERY OR CREMATORY		.OCATION (City or Town)	(County)	(Stote)
	24	Burial 7/	2/69	ADDRESS	edeemer	2501 REG D BY REGIS	Baltimore, Mo	S SIGNATURE	
y		Mitchell-Wiede	feld - 650	O YBrk Ro	ad	DATE D BY REGIS	1969	May freely	L



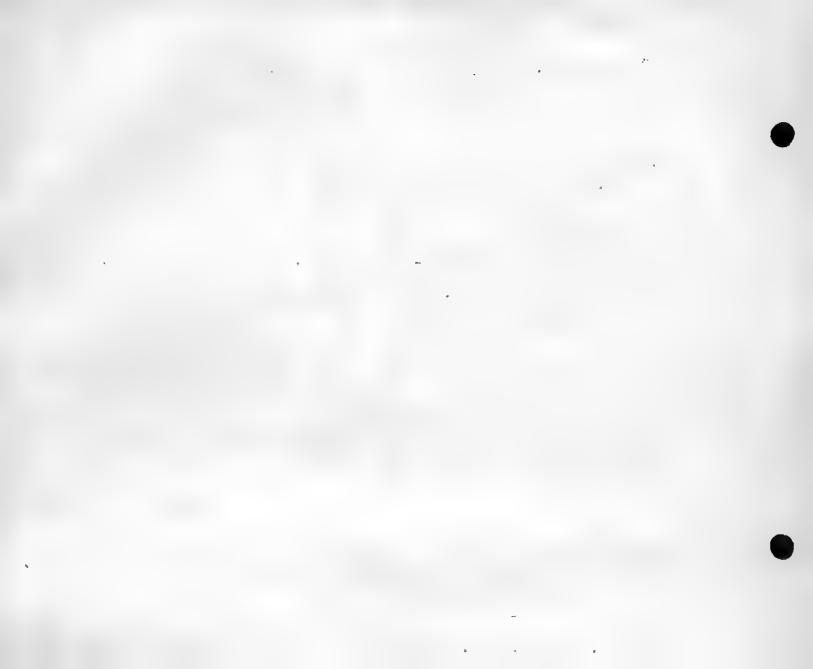
1 1	L	08121		301 W. PRESTON STREET, BALTIA		
.11		00141		CERTIFICATE OF DEATH	HORE, MARTENIED 21201	08114
モ 부성론		ECEASED-NAME First Type or print)	Middle	Lost	2o. DATE OF DEATH	2b. HOUR
death. Teral ond 2		MOTIFIE	Walb	Robinson	June 4	1989 M
after after	3 5	female	4 RACE White	S. DATE OF BIRTH March 9, 19	6 AGE (In years tast buthday) YRS.	F JNDER LYEAR OF LINDER 24 HRS. MONTHS DAYS HOURS MIN
in 24 hours filled in by papers. Pag hin 72 hooss	COU	ntry)Balto.,Md.	USA	MARRIED NEVER MARRIED 9	COUNTY OF DEATH Baltimore	Md
ote be executed within 24 icon opd completely filled in edge remove carbon paper and in any event, within 72		CITY OR TOWN OF DEATH  Murray Hill	II NAME OF HOSPITAL OR INS	TIUTION (fination hospital 120 USUAL during mos	OCCUPATION (Kind of work done of working the even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
e executed with	13a aam	USLA. RESIDENCE (Where deceased ussian) STATE Md.	t ved, if institut an Residence before 13b COUNTY Balto.	13c CYTY OR TOWN 13d INSIDE CITY LIMI. YES NOW	TOTAL STATES THE HIGH DEN	ll Circle
	14	FATHER'S NAME First	M ddle Last	IS MOTHER'S MAIDEN NAME FIRE		Last
0 0 0 E	L	Winfield	Scott Walb		lie G.	
physician physician oval, and i	160	WAS DECEASED EVER IN U.S. ARMEE (es, no or unknown) (if yes give work	or dates of service) 16b SOC-AL SECURITY N 213-03-37		Vail Robinson S	Same
squires that the death a physician. signed by the attending burial-transit permit. The burial, cremation, or rem		PART I DEATH WAS CAUSED IN IMMEDIATE  Conditions, if any, which gove use to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF  (c)	of colow we of related to the termina. Disease or col		APPROXIMATE INTERVAL BETWEEN ONSIT AND OLATH  LS  // /2 // / S
PHYSICIAM: The law re he hospital or ottending this certificate has been letached for use as the e Dept of Health prior to	CERTIFICATION	190. DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PER	RFORMED 200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
N: T or or o		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter n	noture of insury in Part 1 or Part 2	Item 181
ICIA Difficial of Ho	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH  If either, notify medical examiner	HOUR A.M. Month Day Year P.M. 19		2,	
PHYS he hosp this cer letache Dept	ME		ACE OF INJURY (AT HOME, FARM, STREET FACE OFFICE BUILDING, ETC.		City or Town	County State
D HOSPITAL OR ATTENDING PHYSICIAM: The law re Page 4 may be retained by the hospital or ottending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept of Health prior to		22a I certify that (I) (this saw the deceased aliv	haspitol) attended the decease e an	d from Jake, 1966 967 and that in (ply) (our) apini	7, ta 3, 19 on death accurred on the da	## _that (I) (we) last te and hour and fram the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		226 STGNATURE  DULS		- 21/ D.	STAFF 22c. E	DATE SIGNED 6/5/69-
SPITAL 4 may IERAL ov, pood		27d phýs CIAN S NAME (Type) Dr. J	ames R. Karns	22e ADDRESS Medical A	rts Bldg. Balto.	
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file		BURIAL (REMATION, 23b DAT PEMOYAL (Specify) Combinent Jun		EMETERY OR CREMATORY Valley Mem. Grds.	23d LOCAT ON (City or Town)	(County) (State) Balto. Md.
VR A15 (F)	24.	FUNERAL DIRECTOR	ADDRESS	Fausoleum 250 RECTO BY		SIGNATURE
45M 1/62%	M	itchell-Wiedefel	d Home 6500 York	Rd 21212	6 1969 / Charle	es findge



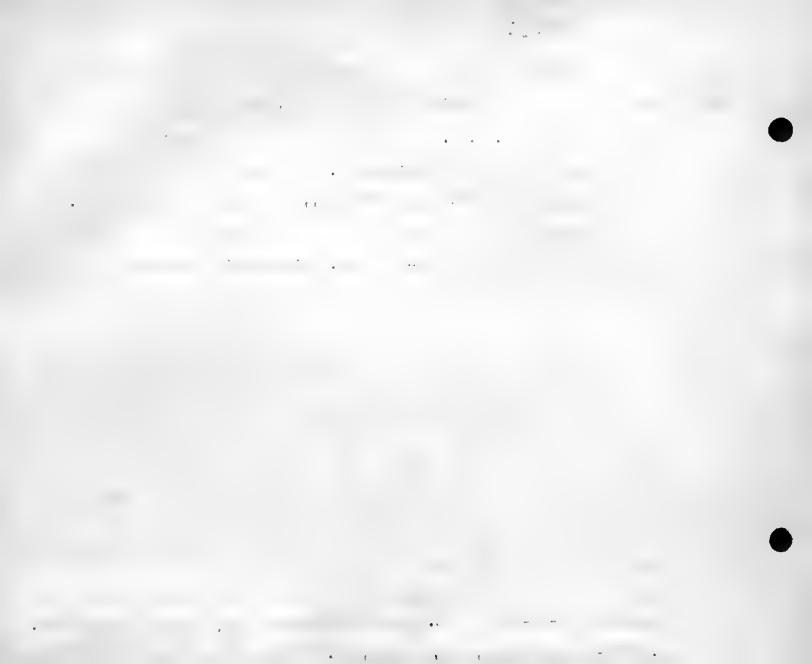
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~		- I		08122	DIVISIO	N OF VITAL RECORDS, (		TE OF DEATH		MAKTLAND 21	201	0811	5
	– 를	-7£		ECEASED-NAME First Type or print)		Middle		Lost	2a. DA	TE OF DEATH			2b HOUR A
	оар	and 2 death.		LA	URA	M.	R	OGERS	JU	VE Manth	25.	1969	4:10M
	ter .		3. S	Х	4. RACE		S.	DATE OF SIRTH		6. AGE (In y			UNDER 24 HRS.
	10 . S:	dgesy agesy	_	FEMALE		WHITE	D	ECEMBER 7	1894	lost bighde	YRS.	MOMINS DATS I	HOURS MIN
-	ומטר .			BIRTHPLACE (State or fareign	76 CITIZEN	OF WHAT COUNTRY?	B MARRIED [	NEVER MARRIED	9. COUN	TY OF DEATH			
	24 1	paper y		MASSACHUSET	rs	U.S.A.	WIDOWED X	DIVORCED	BA	LTIMORE,			Md
e	§ :		10 (	TITY OR TOWN OF DEATH		11. NAME OF HOSP TAL OR INS	ton II) MOITUTITE		UAL OFCUP	MIGN (K BOT & Mar	k dane	126 KING OF BY	SIMESS OF
Ĕ	× ×	carban ent with	_	TOWSON,		give street address) ST. JOSEPH			HOM	ting ble even in		INDUSTRY	10mc
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••	requires that the death certificate be executed within 24 haurs after death g physician.	physician ten please avai and	16a	WAS DECEASED EVER IN JS ARM es, notof yoknown) (f ves give v	WED FORCES? var or dates of ser			MRS HeLE	en u	Ohnson	idress	SAME	
examiner	cer	by the attending phys transit permit. Then p cremation, ar remaval		1B. CAUSE OF DEATH (Enter on	lγ one couse	per ne far (a), (b) and (c).	)					APPROXIMAT BETWEEN ONSE	E INTERVAL
am	ath:	attending p permit. The ian, ar remo		DADT 1 DEATH WAS CAUSED	n. pv.	Massive Sub		d Hemorrha	age			DE THE ONLY	THIO VINIE
X	Ď,	attendi permit. ian, ar r		4209	,	D, OR AS A CONSEQUENCE OF			-83				
	, <u></u>	the sit p		Canditions, if any, which gave	11	b)							
(g)	去 E	signed by the borial-transit burial, crema		rise to immediate couse (a), stating the underlying cause(	,	O, OR AS A CONSEQUENCE OF							
년	Sicies.	al, a		kast.	(	c)							
medical	The law requires the attending physician.	sertricate has been signed to hed far use as the burial-tr. of Health prior to burial, at		PART 2 OTHER SIGNIFICANT COM	NDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION	GIVEN IN PART 1(o	)		
by	, , w	the r ta	×										
	The law attendir	s be as a	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		Ob. IF YES, WERE FILE	IDINGS CO	NS DERED IN CER	TIFYING
Released		as # 1	E E					YES 🙀 NO [	_	AUSES OF DEATH?			
<u>ග</u> බ	N To	ar t de d		21g ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		TIME OF INJURY R A.M. Month Day Year	21c HOW	INJURY OCCURRED (En	ter nature a	f injury in Part 1 ar	Port 2 lite	em 18.)	
He	Die G	certiti thed f pt. of I	MEDICAL	(If either, natify medical exami	ner)	P.M. 19							
Re	F. a	this letach Dep	M	21d INJURY OCCURRED 21e. While Not while at wark	PLACE OF IN	LJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC.	TORY ) 21f LOCA	TION Street or R.F.D. N	Na	City or Town		County	State
	OR ATTENDING	Arter I be d State		22a.   certify that MG (th	is haspital	l) attended the decease	d frem	une 25 , 19	69, to	June 2	2, 19_(	69 , that (	) (we) last
	S P	he of		saw the deceased a	live an	June 25 1 (did) (did not) view the l	9_69, and t	hat in (my) (aur) a	pinian de	ath accurred an	the date	e and haur an	d from the
4	ΕĒ	DIKECTOR: ye 3 should led with the		22b SIGNATURE	(aw) (i) 's	(aid) (aid noi) view the i	oody affer det	1111,				ATE SIGNED	
•	S P P	<u>~</u> ~ ≥			. 16	M.D.	DEGREE	ATTENDING DHYS	MED DIRECTOR	STAFF PHYS	1		20/0
		par pla		22d. PHYSICIAN'S	I may	1 1	000101	22e ADDRESS	DIRECTOR		1 00	me 25,	1909
	F S	r, p		NAME (Type) Revna	ido O	ciuela-Gomez.	M.D.	7620 York	Road	Baltim	020	Mal 2:	1204
	O HOSPITAL OR ATTENDIN	director,   shauld be	2302		DATE	23c NAME OF 1		EMATORY		CATION to ty or Toy			
	0 Pag	director, par shauld be fi	1	3 EMOXX 1/ SA = C/V) 6 -	27-	1949 GREEN.	44 Wh	REMATORY		BAL	10	(Caunty) Md	(Dista)
	- 1	Con	24	FUNERAL DIRECTOR	C	CORRESS AND DRESS			BY REGISTR		GISTRAR S. SI	IGNATURE_	
		VR A13 (4) 45M 1/69	2	hAS. T. EVANST	Im e	8802 MAXTO	and Ro	111dNr 2 6	1969		res y	udge	



1 1	MARYLAND STATE DEPARTMENT OF HEALTH							
FOR STATE		08123						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08116					
HEALTH DEPT.	1 D	PECEASED NAME First Middle Lost 20 DATE KNOW	/N Month Doy Year 25 House					
~ 00 ml/	(	TYPER ( PIT) ARGIE ( OR MARJORIE) E+HYL ROSS 20 DATE KNOW OF ESTI	- 111 - 104 an					
Pog th	3 5	EX A PACE IS DATE OF BOTH A AGE OF MADER I TEAR IF UNDER 24 MRS 20 DATE PROMO						
बुब के बह		F C 8-13-1981   agy berhedoy   MONTHS DAYS MIN Month 6	Day 14 Year 69 10:36					
g . Z . j	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	17 /- M					
f any deloy is I mad to m Progressionent of		Maryland U.S.A. W.DOWED DIVORCED Belton						
eoth Pages Pages vith for		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (Kind	of work done 12b KIND OF BUSINESS OR					
deot deot with	(	Totomille give street oddre Shiplay and during most of working life, ev	ren fretired) INDUSTRY rone					
ALTIMORE, Md. 2127 I hours ofter death I Irem TB. Give Pages Office grang with for I and 2 with the State	130	LSUAL RES DENCE (Where deceased lived, if not in the property of the property	NUMBER Rey are					
Me de de	14 8	FATHER'S NAME Figst Middle Lost 15 MOTHER'S MAIDEN NAME First	Middle Lost					
BALTIMOR 24 hours o in Item 16: 's Office as I and 2 w		William Harris Jane	Cager					
22/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2		WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT   A	DDRESS					
within pentil Examine File poge	()	(es, no, or unknown) (If yes give wer or dates of service) 218-36-9752   Sallie N. Nelson 17 Ship	olev Ave.					
d wild min per Exor	-		APPROX MATE INTERVAL					
		18. CAUSE OF DEATH (Enter on y one couse per ne for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE (A) SE (c) CATOMAGNICATION  IMMEDIATE (A) SE (c)	BETWEEN ONSET AND DEATH					
W. PRESTON d be executed d "pending" i Chief Medical fransit permit		Bridge Art Good (c)	underweg					
PR ex enc f M ent		Conditions, if any, which gove )						
W. be be high		rise to immediate couse (a), (b) Menulary						
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		(()						
/ O o =		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITIONS GIVEN IN PART	1(0)					
RECOR ertifical writing worded worded avol, ar	S	Thank!						
SION OF VITAL RECAINER: This certificate, writing is should be farword files.  3 should be vised a should be vised and on remarked.	CERTIFICAT ON	196 DATE OF OPERATION 195. CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20 AUTOPSY?					
VITAL This create, be fa	RTE	100	YES NO					
ER: This Er: This certificate, ould be fare.	10 11	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Po	rt 1 or Port 2, Item 18)					
ION OF INER: e certifi should lifes. 3 should ation, o	MEDICAL	CAUSE OF DEATH P M 19	r					
DIVISION O EXAMINER: tute the certi oge 4 should your files. Poge 3 shou	M	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, White NOT White foctory office building, etc.)  21f LOCATION Street or R.F.D. No. (ty or Township)	n County Stote					
DIVIS MEDICAL EXAM leose execute th director. Poge 4 storned for your DIRECTOR: Page		WHILE AT WORK AT WORK						
DIV L EXA eccute Poge for you R: Poge		220. I certify that I taak charge of the remains described above, held an Autapsy Inspection X.	Inquiry , and in my opinion					
ICAL E executor. Po ed for CTOR: burial,			ned manner					
MEDICAL leose exe director. B troined for DIRECTOR		D. D. & D. CHIEF MEDICAL EXAMINER						
		ACTUAL PROBLEM (S)	226. DATE SIGNED					
F > 2 2 2 X		TOWN OF THE PROPERTY OF THE PR	6-14-69					
		EXAMINER'S NAME (Type) KOSO D+ BRIVER INVO PROJECT ADDRESS (Street, city, town, or county)	0-17-0/					
	22-	10000	or Town) (Carabi) (Carabi					
5 = = - 5 = = = = = = = = = = = = = = =	230		or Town) (County) (Stote)  e County, Maryland					
0	24							
VR ATSME YELD		WIN 1 7 4000	b. REGISTRAR'S SIGNATURE					
10W - 1/963V	H	erbert E. Nutter 3035 W. North Ave						



1 1	TTEMST, 5 &L5 FILM SILL MARTLAI	201 W DESTAN STREET DAITINGE M	ADVIAND 01001
	7/1/69 kk 08124 OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMORE, MA CERTIFICATE OF DEATH	08117
	1. DECEASED-NAME First Middle	Lost 20. DATE (	
to gradi	(Type or print)	Rossi	June 20 1969
	Maurizio MAFAZ19/ 3. SEX 4. RACE	S DATE OF BIRTH	6. AGE (In years of UNDER 1 YEAR OF UNDER 24 HRS.
£ 733		7 9	lost birthday)   MONTHS DAYS HOURS MIN.
urs ye	Male Caucasian  70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY?	March 2/ 1882	
ho ho	country)	MINKITO THE WARKING	
24 ape ape	Italy U.S.A.  IC CITY OR TOWN OF DEATH III NAME OF HOSPITAL OR IN		timore Md
within 24 hours after death by filled in by the Turnal ban papers. Place in within 72 hour ever death	give street address)	duting most of working	N (Kind of work done   12b KIND OF BUSINESS OR   INDUSTRY
A Far to	Catonsville 5806 Merri	ldale Rd.   Miner	
cuted college college	adm ssion) STATE   13b (DUNTY Baltimore)		TREET AND NUMBER
any e	Maryland Baltimore  14. FATHER'S NAME First Middle Lost	Caronsville - 17 Doc	06 Merridale Rd.
ond ren	14. PATTIER S NAME FIRST MIDDLE LOST	15 MOTHER'S MAIDEN NAME First	Middle Palmona losi
e b an ase	Andrew Ross	cathering Cathering	le Poloma
sici pler	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yos give war or dates of service)  211-12-3		Address
that the death certificate be an. by the attending physician arransit permit. Then please raremayal, and in			Same as #13 E
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY	11 - 2 (2//)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
leat mit.	IMMEDIATE CAUSE (0)	eck of leine	121800/
aff per jan,	DUE TO, OR AS A CONSEQUENCE OF		
the the mat	Conditions, if any, which gave trise to immediate couse (a).		
t d d d d d d d d d d d d d d d d d d d	sloting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
guires the physician. signed by burial-tra	last. (t)		
low requires anding physici been signed is the burial-liar to burial-liar to burial,	PART 2. OTHER SIGNERGANT CONDITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(o)
r the gen of r	E TUREWOULD	Im Munoly	sewal.
The law re attending has been se as the th priar to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS P	Trave	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ES OF DEATH?
The atte	HITA	IE NO	
AN: al our cate our u		21c HOW INJURY OCCURRED (Enter noture of in	ury in Part 1 or Part 2, Item 18)
Did it is	a (if either, notify medical examiner) P.M	9	<del></del>
OR ATTENDING PHYSICIAN be retained by the hospital of DIRECTOR: After this certifical garden 3 shauld be detached far ed with the State Dept. af He	THE PROPERTY OF THE PROPERTY O	ACTORY.) 21f LOCATION Street or R.F.D No Cit	y or Town County State
the det	at work of work	0 = 7	76. 6
be Stat	22a. I certify that (I) (this hospital) attended the deceased alive an	red from	@/ a/ (), 19@9, that (!) (we) last
R: A	saw the deceased alive an causes stated above, (1) (we) (did not) view the	and that in (my) (our) opinion death	ofcurred on the date and have and from the
Trip trip trip trip trip trip trip trip t	22b SIGNATURE	budy uner death	22c BATE SIGNED
S S S S S S S S S S S S S S S S S S S	IN WORK III IN	DICEPT PHYS DIRECTOR D	STAFF [] (2/16) 1/16/1
y by by by file, f	22d. PHYSICIAN'S CHRISTIAN S. MI	ASS. M. Da. MORESS	PHYS. 1 1 Joen 100g
SPITAL 4 may NERAL I Idbe fil	NAME (Type) HOWARD COUNTY MED	ICAL CENTER	' / /
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and elaphy filled in by directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pshould be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hou	230 BUR AL CREMATION 236 DATE 3459 ST. 24 LINNS		ON (City or Town) (County) (State)
O HOS O FUN direct shoul	Burial 6-24-65 OTT CSEY. M	2.20042	, , , , , , , , , , , , , , , , , , , ,
	24. FUNERAL DIRECTOR ADDRESS		Zaz Porta Para Para Para Para Para Para Para P
VR A15 (4) 45M 1769	Wm. Cook-Brooks Towson, Inc. To	wson. Md. DulUN 2 4 158	39 journes Judge.



	2	1.	08125	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STRE		YLAND 21201		
	3		110120		CERTIFICATE OF D			0811	8
	de of the de of the office of		ECEASED-NAME First Type or print) PAU		e lost Rou	Zo. DATE OF	Month Doy	6 Year	2b. HOUR
		3 \$		4 RACE	5. DATE OF BIRT	1/1892	6. AGE (In years last birthday)	IF JINDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	in 24 haurs aftifiled in by the papers. Page hin 72 haurs af		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRI WIDOWED DIVORCI			) <sub>(C</sub>	
	thin 24 filled in paper within 72	10.	CITY OR TOWN OF DEATH	give street oddress)	ALORINSTITUTION (If not in hospital Rederick Rd-	120 USUAL OCCUPATION during most of working I	fe, even if petired.)	12b KIND OF B	BUSINESS OR
	ave table		USUAL RESIDENCE (Where deceo	sed lived, if institution; Residence	before 13c. CITY OR JOWN , 13	A INSIDE CITY LIMITS? 13e STR	FET AND NUMBER	enKR	
	and dar	14	FATHER'S NAME First	Middle H.	Lost 15. MOTHER S MAIL		Middle	56	1 lost
	icate be ex sician and please rem t, and in an		. WAS DECEASED EVER IN U.S. AR (es, no, grupknown) (If yes give	was as dates at senses	ECURITY NO 17. INFORMANT	FRUT	2 This	Tlo	27
	by the haspital or attending physician.  When the haspital or attending physician the attending physician and completely filled in by the fulfier this certificate has been signed by the attending physician and completely filled in by the fulfier this certificate has been signed by the attending physician and completely filled in by the fulfier this certificate as the burial-transit permit. Then please remayer carbon papers. Pages the bed detached for use as the burial, tremattan, ar remayal, and in any event, within 72 haurs after the permit of the prior to burial, tremattan, ar remayal, and in any event, within 72 haurs after the permit of the permit	-	18. CAUSE OF DEATH (Enter of PART ) DEATH WAS CAUSE	nly one couse per line for (o), (b),		7 . 1002 /	4 ///3/	APPROXIM BETWEEN ON	NATE INTERVAL ISET AND DEATH
	he death ce attending permit. Th		L/ / IMMEDI	DUE TO, OR AS A CONSEQUE	tue News Ja Erw Cardie Va	Lillure		40	lair
28	quires that the physician. signed by the burial-transit purial, cremate		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUE		sulle Ver	lock,		
10	equires physicic signed burial-t burial, c	l	PART 2 OTHER SIGNIFICANT CO	(c) (c) NOTIONS CONTERBUTING TO DEAT	H BJT NOT RELATED TO THE TERMINAL I	SEASE OR CONDITION GIVEN	IN PART I(o)		
~ ~	w rec	No.	Car	rie Chema	Tweet arthr	to Sevene	209	en	
	AN: The law requires that or attending physician. It is a seen signed by for use as the burial-trail Health priar to burial, tre	CERTIFICATION	196. DATE OF OPERATION 196.	. CONDITION FOR WHICH OPERAT ON	WAS PERFORMED 200 AUTOPS YES		YES, WERE FINDINGS CO OF DEATH?	INSIDERED IN CE	RTIFYING
	YSICIAN: The law rappiral or attending certificate has been thed for use as the straight of Health priar to	MEDICAL CE	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA  (If either, notify medical exam	TH HOUR A.M. Month Day		RRED (Enter noture of injury	r in Port I or Port 2, 11	em 18)	
	G PHYSICIAN the haspital this certifica detached for	ME	21d INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING	. ETC		er Town	County	Stote
	== ~ ~ ~		22a. I certify that (I) (If saw the deceased courses stated above	ors haspital) attended the a	deceased from 4/2 1907, and that in (my) we the bady after death.	, 19. <mark>2/</mark> , ta_ <i>(e</i> , (aur) apinion death 6	ccurred on the dat	that te and have o	(I) (we) last and fram the
1	<b>₽ ₽ ₽ ₽ ₽ ₽</b>		22b S GAATURE	boding of	Mile boddy other dediti.  Aftending			ATE SIGNED	
	may by RAL DI r, page		22d. PHYS CIAN S NAME (Type)	my mussy	22e. ADDRE		reden	21 2 3	20
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION 23b. REMOVA, (Specify) 6	DATE 23c. N	AME OF CEMETERY OR CREMATORY TO OLIVET CO		(City or Town)	(County)	(Stote)
	VR A15 NO.	24	FUNERAL DIRECTOR	Pabl 301 7	ADDRESS RAL 2	SO REC D BY REGISTRAR DATE UN 1 9 196	25b REG STRARS	SIGNATURE	ge.



	_	1							NT OF HEAL					
		1	08126		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
-					CERTIFICATE OF DEATH					081	08119			
	er deoth, funeral I ond 2 fer death		ECEASED-NAME Type or print)	DORIS	ELIZ	Middle ABETH	RUN	lost IGE	20	DATE OF DEA	Month &2	Doy 6 Geor	26. HOURA 5:30 <sub>M</sub>	
62	er den	3 5	EX		4 RACE				H 1/9/19	18 6	AGE (In years	F JNDER YEAR	IF UNDER 24 HRS	
	ours off	L	FEMALE		Whi			XXXXXXX		51	ost Birthday) yR	MONTHS DAYS	HOURS MIN	
	E 200 5	70 cou	BIRTHPLACE (Stole	or foreign Md.	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED [ WIDOWED [	NEVER MARRI	TAFT 1	UNTY OF DEA			14.2	
	ICIAN: The law requires that the deoth certificate be executed within 24 pital or attending physicion.  Inflicate has been signed by the attending physician and completely filled in for use as the buriol-transit permit. Then please remove corban paper of Health prior to buriol, cremation, ar removal, and in any event, within 72 permits.	10.	11 NAME OF HOSP TAL OR INSTITUTION (If not in hospitol  TOWSON  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospitol  GTR. BALTO.MED. CENTER  120 USUAL OCCLPATION (Kind of work done during most of working life, even if retired)  INDUSTRY									BUSINESS OR		
	be executed within bear completely fille e remove corbon por fill only event, within	13o oder		(Where decease	d lived, if institution	Residence before	1% ( IY OR Hodge Forge	TOWN 130	I INSIDE CTY LIM TS?  ES NO A	13e STREET	AND NUMBER			
	NO OL	14	FATHER S NAME	First	M ddle	Lost				021		EI WAG.		
	pe e dino	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  Edward J. Byrnes Nell								D <sub>0.3</sub>	Daily			
	a Bicio	160	WAS DECEASED EV	ER IN U.S. ARMI		SOCIAL SECURITY I	0.00	FORMANT			Address			
	Phy en goval		es, no ocunknown		<i>A1</i>	2-03-62		ederick	W. Rung	e 317	Regeste	or Ave		
	h ce Th		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY									BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH	
	leot lend mit.		MMEDIATE CAUSE (0) CA. OF COLON W/ METASTASIS  4 weeks											
	he c		1000 B	andrial and a	DUE TO, OR AS A	CONSEQUENCE OF								
	at the state of th		Conditions, if ony, which gove tise to immediate couse (a), (b)											
	s the cion d by the cree of the cion of the cree of th		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	equires the physicion. signed by buriol-troi buriol, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
1,	ng p	]	Section 19 to the learning to the learning order or complicit district in LARL (0)											
	law andiin bee bee	AT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS							S CONSIDERED IN (	ISIDERED IN CERTIFYING			
	after a se	CERTIFICAT						YES 🗀	NO 🔀	CAUSES OF	DEATH?			
	AN: I or cate or u deal		21 o. ACCIDENT W			JURY Agnth Doy Year	21c HO	W INJURY OCCUR	RED (Enter notu	re of injury in	Port 1 or Port	2, Item 18)		
	Sprite sprite and find a filter of f	MEDICAL	(If either, notify r	nedicol exomine	er) P.M.	19								
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the buriol-transit permit. Then plesshould be filed with the State Dept. af Health prior to buriol, cremation, or removal, as	>	21d INJURY OCCU While Not with at work of wo		LACE OF INJURY (AT					City or T		County	Stote	
	OR ATTENDING be retained by the NRECTOR: After the 3 should be de ed with the State		22o. I certify	thot (I) (this	hospital) attend	ed the deceose	d from	5/31	, 19.69	to6	/2	19 <u>69</u> , tho	t (I) (we) last	
	END led led l		220. I certify that (I) (this hospital) attended the deceased from 5/31, 1969, to 6/2, 1969, that (I) (we) last saw the deceased alive on June 2, 1969, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death											
	ATT TO TO Shou		225. SIGNATURE	area above,	(i) (we) (dia) (di	nal) view the	bady affer a	eom			22	2c. DATE SIGNED		
	OR JE TO WE WE TO WE TO WE TO WE		131	10.1	Charles .	MIL	, DEGRE	E PHYS	MED. DIRECTO	IZ ST		June 2,	1969	
	AL Dy L		22d. PHYSICIAN'S	_				22e. ADDRE	SS					
	O HOSPITAL OR ATTENIT Page 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAMŁ (Type)	Byung	Koo Cho	)1, M.D.	•	670	)1 N.CH	ARLES	STRE	ET		
	HO Jge FUN FUN Foul	230	BURIAL, CREMAT O	N, 23b D		23c NAME OF				LOCATION (C		(County)	(Stote)	
	5 5 5 2	-	REMOVAL (Specify)		/4/1969		y Vall		Garden				Md.	
	VR ATS		FUNERAL DIRECTOR		ld Home 65	ADDRESS	Rd.	25	JUN 6	1969	256 RIGISTRAI	R S LIGNATHRE	pe.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08120 DECEASED NAME First Middle Lost 2a DATE OF DEATH uneral I and 2 er death. 2b. HOUR (Type or print) Month Albert Ruppel June 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 MRS last birthday) MONTHS I DAYS Male Caucasian March 21 hours 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Balto. Md. WIDOWED X DIVORCED baper Baltimore 24 Pa burial, cremation, or remaval, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR the death certificate be executed within completely fil give street oddress) during most of warking life, even if retited)
Salesman-Retired INDUSTRY Catonsville St. Joseph's Nursing Home Office Supplie 130 USUAL RESIDENCE (Where deceased lived) if institution. Residence before 13c. CITY OR TOWN 13d UNSIDE CITY JIM TS? 13e. STREET AND NUMBER odmission) STATE Maryland 13K COUNTY timore ottending physician was comove 4308 Roland Ave. Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Charles Ruppel Caroline (Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) 137-10-8214 Mrs. H. Eugene Steman, 4401 Dunland Road 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: untoncer IMMEDIATE CAUSE (a) Complete Heart Block DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit Coronary Heart Disease that rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been irector, page 3 shauld be detached far use as the hauld be filed with the State Dept. af Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.)
OFFICE BUHLDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from House Volta 1900, 1900, that (I) (we) last saw the deceased alive an 27 Marc 1907 and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22 DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE 22e ADDRESS 22d PHYSICIAN'S ULPHUR NAME (Type) GOODMAN, 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 0 St. Paul's Church Violetville Md. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE .W.Jenkins & Sons Co. 05 ork Rd.



MAKYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08129 CERTIFICATE OF DEATH 08122 1. DECEASED NAME First and 2 death. Middle 2o. DATE OF DEATH that the death certificate be executed within 24 hours after death (Type or print) (Edith) Schaefer Ida June 1959 3. SEX 4. RACE 885 6 AGE (In Worse lost bigh 8/8 IF UNDER IL YEAR F JNDER 24 HRS HOURS female white 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED A U. S. DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY Catonsville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER by the attending physician and complicant to noise the please remove the please remove the please remove the present of the pr 136 COUNTY Balto. Md. Towson YES NO 1637 Mussula Rd. 14 FATHER'S NAME IS MOTHER S MA DEN NAME First Lost Meddle Greensfelder Eva MMM Schmidt Charles 16b SOCIAL SECURITY NO 17 INFORMANT Address 214-24-1831 Records: SPRING GROVE STATE HOS TITAL 18. CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c))
PART 1. DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Pulmonary edema IMMEDIATE CAUSE (a) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove ) buriol-tronsit Arteriosclerotic cardiovascubr disease nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the ladth prior to b has been TO COMPUTE ON FOR WHICH OPERATION WAS PERFORMED Comminuted intertrochanteric frac. left hip 190 DATE OF OPERATION 20o AUTOPSY? 20b F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 6-26-69 YES 🗍 NO TX Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJRY OR CONTRIBUT NO CALSE OF GEATTO HOUR AM Month Day Year (If-either, not fy medical exam ner) 2:30M p.m. 5-1219 69 Pt. apparently slipped and fell on day corch 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY)

Spring Grove Hosp.

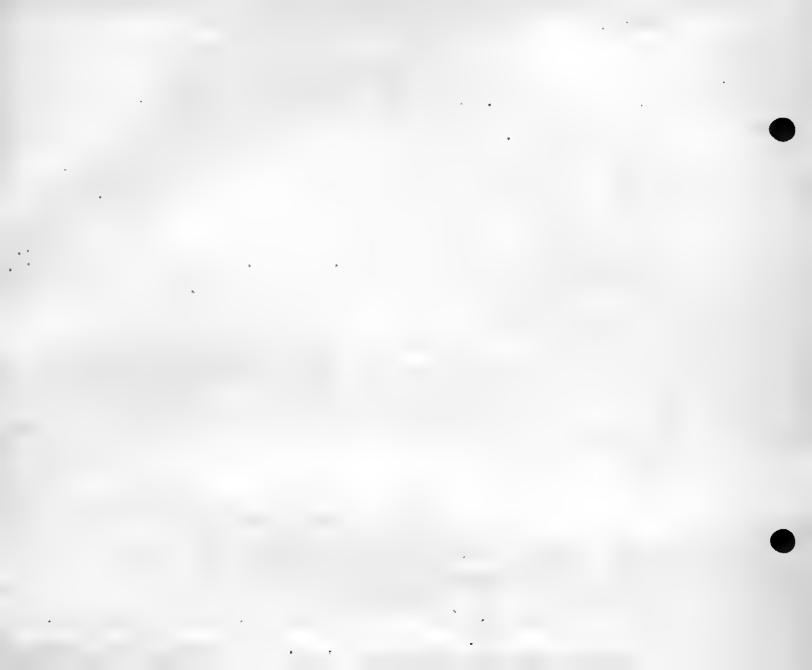
Baltimore, 21d INJURY OCCURRED
While Not while of work City or Town Stote Baltimore, Maryland 21228 22a I certify that (1) (this haspital) attended the deceased from Aug. 18, 1964, to June 30, 1969, that (1) (35) last saw the deceased olive on June 30, 1969, and that in (my) (Sur) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (depositiview the body after death 226 SIGNATURE 22c DATE SIGNED DEGREE 22e ADDRESS SPRING GROVE STA E HOS TAL 22d PHYS CIAN'S Diomidis L. Pirovolidis, M.D. Baltimo e. Maryland 21228 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) 7/3/69 Holy Redeemer cem Baltimore, Maryland REGISTRAR S STANATURE 24 FUNERAL DIRECTOR VR A15 45M - 1 C.F. EVANS & SON 8802 Harford road DATE



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
FOR STATE		08130 m		EDICAL EXA					08123	
HEALTH DEPT.		ECEASED NAME  YPB or Print)	First		iddle	Last		20. DATE KNOWN Month	h Day Yeor	26 HQUR
Poge ( )		A	NN	Н.		IF UNDER 1 YEAR		DEATH MATED 14 6	1 - 9 165	7/4. M
SEE SE	3 \$	X 4 RACE		E OF BIRTH	6 AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.	2c DATE PRONOUNCED DEAD Month Dogs	- BOX	120
PA PA	70	BIRTHPLACE (State or foreign	n 76 CITIZEI	N OF WHAT COUNTRY?	1 ~ ( 1/4)	ARRIED NEVER M	ARRIED 9 COU	NTY OF DEATH	111	1 v p, M
form form	cour	MINN.	L	1.5.A.		OWED DIV		ALTO.		Md
INER: This certificate shauld be executed within 24 haurs after death any secretificate, writing the word "pending of pench in Item 18. Give Pages 1, 2, a shauld be forworded to the Chief Medical Exemner's Office olong with farm PM files.  3 shauld be used as a burial-transit permit. File pages land 2 with the Stote Depart action, or removal, and in any event within 72 hours after death.	10. (	ITY OR TOWN OF DEATH ESSE.	x	give street oddress		N (If not in hospital RD		JPATION (Kind of work dane working life, even if retired)		SINESS OR
Jiffer John Softh		USUAL RESIDENCE (Where	deceased ived,			DIC 10 1111		13e. STRFFT AND NUMBER	A .	
haurs after Item 18. G. Office oloni I and 2 with after death.	⊫	ATHER S NAME First	4	Middle	last	Is MOTHER'S MA	YES NO PANE FIRST	4 MARS Middle	KD.	out.
1 day	14 7	WITH THANK CARRIE			USON	13 AND LLICK 3 MIS	ADEN HAME 11121	,>	LG	ost
thin 24 mingr's pages hours		WAS DECEASED EVER IN U.S. A es, na, ar unknown)   (1	ARMED FORCES?	166 SOCIAL		17. INFORMANT		ADDRESS		MICH,
Mythin f penck Examine File pag		VNK (	r yes give war or gares a	389-	05-7073	MARYB	ETH LAN	GE BIRM	INSHAM	ATE INTERVAL
TY DICAL EXAMINER: This certificate shauld be executed were y, please execute the certificate, writing the word "pending in perinal director. Page 4 shauld be forworded to the Chief Medical Exercised for your files.  AL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72		18 CAUSE OF DEATH (E PART I DEATH WAS	CAUSED BY			DISA	Be Q	+	BETWEEN ONS	SET AND DEATH
Meding Perr		4124	MMEDIATE CAUSE DUE	(a) CONSECUTION OF AS A CONSECUTION OF		+13L	73 -			
be in per		Conditions, if ony, which	0 (0)	(b)						
word word he cony ony		stating the underlying o		E TO, OR AS A CONSEC	QUENCE OF					
INER: This certificate shauld be executed to certificate, writing the word "pending shauld be forworded to the Chief Medical files.  3 shauld be used as a burial-transit permit. I ation, or removal, and in any event within		PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	(c)	BUT NOT REMATED	TO THE TERMINA	DISFÁSE OR CONDITION	V GIVEN IN PART 1/A	1	
certificat writing rworded ised os c	_	Trick at Strike Strike	- Control of the		$(\Delta)$	Me 1				
writ writ orwo noved	CATIO	190. DATE OF OPERATION			ION FOR WHICH OF	ERATION			20 AUTOF	
This cate, be to be to be	CERTIFICATION	21g. EXTERNAL CAUSE WAS	216	TIME OF INJURY Month		21c. HOW INJURY O	OCCURRED (Fotor pater	e of njury in Part 1 or Part 2	YES [	ои
erriffi on, c	MEDICAL (	PRIMARY OR CONTRIBI		HOUR A.M.	1 19 7 0		(Elital Hala)	o or squip in your por rost 2	,	
MINE of the control o	MED	21d INJURY OCCURRED WHILE MOT WHILE		INJURY (At home fore building, etc.)	n, street,	21f LOCATION Stree	tarRFD No	City ar Tawn	County	State
bical Examiner: se execute the certicator. Page 4 shauld ned for your files. ECTOR: Page 3 shau buriol, cremation,		AT WORK L AT WORK L			4 - 2 - 1 4					
exector. Por. Por. Por. Por. Por. Por. Por. P		220. I certify to death resulted fr		rge of the remains	described obov	re, held on Aut Suicide (17).	opsy, Ins Homicide,	pection Inquiry Undetermined manne		my opinion
please director retained.  DIRECTOR OF TO BE		dedit lesoiled it	M 12	N (uoses (IM,	Accident,		ILEE MEDICAL EXAMINE		" 🕒	
A. Dla		ACTUAL SIGNATURE	Mik	tara	<u> </u>		SISTANT MEDICAL EXA	THE LAND OF THE PARTY OF THE PA	ATE SIGNED!	
		EXAMINER'S NAME (Type)	·B7	AUI	111) -		PLTY MEDICAL EXAMIN DOPESSATION OF TOTAL		1214 12	1
ro DEPU necesso the fun 5 may 10 FUNE Heolth	230	BURIAL CREMATION.	23b DAJE	230	NAME OF CEMETER			LOCATION (City or Town)	((ytnuo))	(State)
		REMOVAL (Specify)	6/	12/69 0	AK LA	WN		BALTO, MD		
VR ATSME (\$ C		FUNERAL DIRECTOR  ONNELLY	SON	3 3 4	ADDRESS	CE	250 RECD BY REG	3 1989 REGISTRAS	RS SIGNATURE	ege.
10M REV 1/68			J 0 10	, ,,	7. 7. 6		Total Control	· // //		<u> </u>



1	1	MARYLAND STATE DEPARTMENT OF HEALTH  O → → DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE			08124
DEPT.	1 [	FEEASED NAME First Middle Lost 20 DATE KNOWN Month OF ESTI DEATH MATED ☐ Jun.	
A)	3 S		Year 169 5 PM
Depar		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	10	Tringfield, Mass. USA WIDOWED DIVORCED Baltimore  OUT OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done	Md Md
N	F	CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospita during most of working life, eyen if retired)  12 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN  13 USUAL RESULT CITY CIMITS?  13 ESTREET AND NUMBER	126 KIND OF BUSINESS OR INDUSTRY
	130	domission Maryland 13b County Baltimore Reisterstown 10 No 10 830 Suburt	nan Road
1	14	FATHER S NAME First Middle Last IS MOTHER S MAIDEN NAME First Middle	Last
		George W. Burnett Elizabeth Ann	Fleet
	160	WAS DECEASED EVER IN US ARMED FORCES?   16b SOCIAL SECURITY NO   17. INFORMANT   ABSO SUN NO   18 yes give war or doles of service)   032-16-8707   Mr. Donald B. Sharpe. Reiste	aburban Rd.
and in only event within /2		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), storing the underlying couse  (c)  CONSEQUENCE OF	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
	-,-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190 DATE OF OPERATION THE STATE OF CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
	MEDICAL CE	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. PM.  21b TIME OF INJURY Month, Doy, Yeor HOUR A M. PM.  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, I	
	₩	21d INJURY OCCURRED  WHILE AT WORK  AT WORK  21e. PLACE OF INJURY (At hame, form, street, fociary, affice building, etc.)  21f. LOCATION Street or R F D Na City at Town	County State
		22o. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined monner  CHIEF MEDICAL EXAMINER	
: 1 2		ACTUAL SIGNATURE SI A GAPLES  MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	28-67.
		BUR AL (REMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Burial June 30,1969 Hillcrest Park Cem. Springfield	
	24	FUNERAL DIRECTOR 250 RECID BY REGISTRAR 256 REGISTRAR'S OWINGS MILLS, Md DAILIN 30 1969 Killings	SIGNATURE



	1		MAKTLAN	D STATE DEPARTMENT OF	HEALIH	
		00100	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		08132		CERTIFICATE OF DEATH		08125
death.	1 D	ECEASED NAME First	M ddle	Lost	20 DATE OF DEATH	
	(	Type or print)			Month Doy	Year 2b. HOUR
	3 5	HATHUM		SHIELDS	6/6/69 Month Doy	JA AM
	3 3	^\\\	4. RACE	5 DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	_	Male	White	DEC. 28, 19	02 lost birthday) (C C YRS	MONTHS DAYS HOURS MIN
	70	BIRTHPLACE (Slote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED .	9. COUNTY OF DEATH	
	(00)	Maryland	Mad A	WIDOWED DIVORCED	Balta	** *
	10 €	TITY OR TOWNSOF DEATH	11 NAME OF HOSPITAL OR INS		AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
4		Cadonivilla	give street address)	T N 4 during n	nost of working ife, even if relired)	UND STRY STREET
*	130	USUAL RES DENCE (Where decens	ed lived, if institution. Residence before	13c. CITY OR TOWN 13d INSIDE CITY	CETIMED.	Charles our
	odm	ission) STATE	13b. COUNTY		and the state of t	1 1 1
	14	ATHER'S NAME First	341-10		T 13300 1000-100	and Rd
	14.	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost
		1-0	ANK SHIELD		B	
	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, or upknown)   (If yes give w	NED FORCES? 166 SOCIAL SECURITY	NO 17 INFORMANT	Address	
		No.	215-01-04	43 CHART		
		18 CAUSE OF DEATH (Enter onl	y one couse per line for (p) (b) and (c)			APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED	BY I A	1 11 1	unes	BETWEEN ONSET AND DEATH
		. /		I VOTATI	7	20071
		Conditions, if ony, which gove )	DUE TO, OR AS A CONSEQUENCE OF	mariend VI	i dast Da ve	M. U.
		rise to immediate couse (a)	(0)	Impairment of Kids	THE PARTY PA	MONAHI,
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	existing pu	broky due	
		lost.	(t)f	(Damim	A POLYMON	
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINA. DISEASE OR	CONDITION GIVEN IN PART 1(0)	11 12 22
	×	3 H. 2 . H. C	allmoreness	arevie a 4. Fibrilan	- C) gammapa	149 EM
	FICATION	9b. DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION WAS PER	RFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	
				YES NO 1		
	CERT	210 ACCIDENT WAS UNDERLYING	G 216 TIME OF INJURY		r noture of njury in Part 1 or Part 2, It	em 181 me
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Doy Year		7 VI IIIVIY 11 I OII 1 OI FOIL 2, II	on suj
	MED	(If either, not by medical examination of the Indian India			21 =	
		While Not white	OFFICE BUILDING ETC	ORY.) 21f LOCATION Street or R.F.D. No.	City of Town	County State
J					12 11	
		22a. I certify that (I) (this	s haspital) attended the decease	d fram, 19.6		that (I) (we) last
		saw the deceased as	rve an. <u>6 / 6</u> , (I) (we) (did) (d <del>id so</del> t) view the b	and that in (my) (aur) ap	nian death accurred an the dat	e and havr and fram the
		22b. SIGNATURE	(i) (we) (uiu) (uiu xoi) view me c	oddy difer death.		
		- A	may ment	DEGREE PHYS	TEU CO SIANT CO /	ATE SIGNED
		OOA DINCIPIANIC A	· /		RECTOR L PHYS L	16/1863
		22d. PHYSICIAN'S NAME (Type)	on M. Sanmarz	22e. ADDRESS F.	deville Rd. Belt	MJ 21258
				1011 118		
	230.	BURIAL, CREMATION 236 D		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
				ine Park	Woodlawn	Md.
	24	FUNERAL DIRECTOR	ADDRESS	2So REC'D F	Y REGISTRAR 25b REGISTRAR'S S	GNATURE
1	Ú٠	Howard Stro	ng 3207 W. Nort	h Ave., DAMIN	0: 1969 / Change	a Carlett.
				44 (3)		



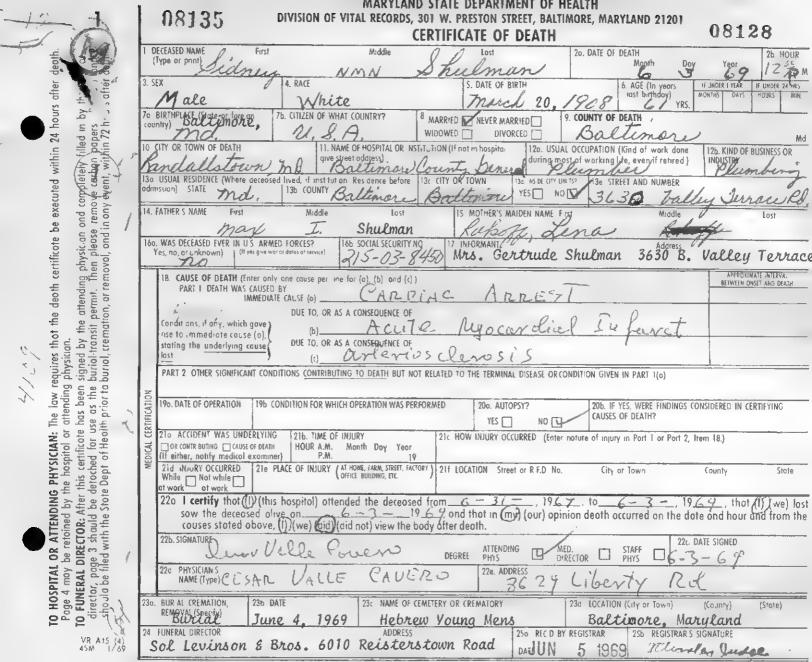


1	Τt	em To Liim An	C. A. William Little and D. D. L.	TE DEPARTMENT OF HEALTH		
		8132 DIVISION	ON OF VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE, MAI	RYLAND 21201	
FOR STATE	It	em#13eFilmGbll	7/2MEDICAL EXAMIN	ER'S CERTIFICATE OF DEAT	H US	3127
HEALTH DEPT.	1 D	CEASED-NAME FI	xst Middle	Lost	20 DATE KNOWN Month Do	oy Year 2b. HOUR
\$ 50 E	(	ype or Print) STANLE	ev	SHORTER	OF ESTI- June	'
	3 5			GE (In years IF UNDER 1 YEAR I IF UNDER 24 HR		
T 7 / 18/	1	ale Negro	1 10	s brighday) MONTHS DAYS HOURS M	Month June Day 28	Year 1969 2d Hour A M
b via d	-	IRTHPLACE (Stote or foreign	11-2-52 176 CITIZEN OF WHAT COUNTRY?			1909 AM
- E 8	caur	Try) D.C.			COUNTY OF DEATH	
form form	1—		U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
Page State	1	TY OR TOWN OF DEATH	nive street oddress)	INSTITUTION (If not in hospital 12a USUAL	L OCCUPATION (Kind of work done 12)	b. KIND OF BUSINESS OR DUSTRY
5 2 2		illers Island	Reginalds P	ler, Millers Island mo		7031141
24 hours ofter deoth in Item 18. Give Pages r's Office olong with for es I an 2 with the State rs after deoth.	130	USUAL RESIDENCE (Where dece	osed lived, if institution: Residence before		6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	drend/Deptend
2 × 0 0 × 0	-	mission) STATE Maryla	nd ob county 7/1/1/	Laurel Wash, YES W NO	Cedar/Knoll/Sch	
hours ofte Item 18. Gi Office olon San 2 with	14. F	ATHER'S NAME First	Middle Las	IS. MOTHER'S MAIDEN NAME F	irst T+72 G. Middle eec	D . D Cost
2 S S S S S S S S S S S S S S S S S S S	1	11/40N 5	hoeter	11111	1/02WA/ 11.5	
thin 24 incil in miner's poges hours		NAS DECEASED EVER IN U.S. ARME		NO 17_INFORMANT	ADDRESS 114a	11501leg. Md
within pencil xomine rite pog	0	es, na, or unknown) (If yes g	rve wor or dates of service) NOA/E	- DAVID MA	ebury -740:	3-80 Ave
d will in pe Exor Exor in 72		IN CAUSE OF DEATH (Enter	only one cause per line for (o), (b), and (c			APPROX MATE INTERVA.
orte irali irali		PART I. DEATH WAS CAUS	SED BY: Drowning	11		BETWEEN ONSET AND DEATH
be execute "pending" isef Medical msit permit		9/00 IMME	DIATE CAUSE (a) DEDWARE THE DUE TO, OR AS A CONSEQUENCE OF			
e e e e st A sit A ven	Ĭ.	Conditions, if any, which gove	· ·	or .		
d b Chic		rise to immediate couse (a).	(b)	NE .		
should be executed e word "pending" in the Chief Medical E. ouriol-transit permit. F in any event within		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE	UF .		
should be executed ne word "pending" is to the Chief Medical buriol-transit permit.			, (()		I	
fitate sing the rided to os o b		PART 2. OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONE	OTTION GIVEN IN PART 1(a)	
ertificate sharifinate sharifing the rwarded to seed as a busine seed as a	S					
	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WAS PERFORME			20 AUTOPSY?
ER: This certificate, ould be fores.	RTIFI					YES NO X
Third be did be of b	t CEI	216 EXTERNAL CAUSE WAS PRIMARYXXX OR CONTRIBUTING	215 TIME OF NUURY Manth, Day, You HOURS HE	Provined while s	noture of injury in Part Lor Port 2, Item swimming 400 yards er	north of
rent cert soute les. shou tion,	DICA	CAUSE OF DEATH	12:40 MPM 6-26 19	69 Reginalds Pie	er Julia	1101011 01
	¥		PLACE OF N.JRY (At home, farm, street, factory, office building, etc.)	, 21f LOCATION Street ar R f D No	City or Tawn	County State
XAMINER: nte the certifue 4 should your files. cremotion,		AT WORK AT WORK	Water	Millers Island	Ba1t	imore Md.
		22o   certify that	I took charge of the remains descri	bed obove, held on Autopsy .	Inspection X, Inquiry	and in my opinion
rcal E executor. Poped for CTOR: Populol, buriol,		deoth resulted from:		nt X. Suicide . Homicide	Undetermined monner	_ ′ ′
please ey please ey director.		00		CHIEF MEDICAL EXA		_
ry, ple prior di		ACTUAL ( )	will de !	ASSISTANT MEDICAL		ENED
Pri Pri		SIGNATURE		DEPUTY MEDICAL EX	Difference -	
DEPUTY Scessory, is the funeral moy be r FUNERAL		EXAMINER'S Charle	es S. Springate, M.	D. ADDRESS(Street, city		
	22	(1)				ounty) (Co-o-)
2 = = 2 = 7	230	SCHOVAL (Specify)	7-2-69 HA	2 1 100	ZOU LOCATION (CITY OF TOWN)	ounty) (State)
1 1	74	DUCCAL	1-1-6/ /4/	RESS 250 RECD BY	REGISTRAR 25b. REGISTRARS S G	WATING!
YR ATSME (5)	29	EUNERAL DIRECTOR		1 1111	a series of	les Judge
10M REV 1/68	N	DIIINSML	16, 4379 Hr	V+ H. NC DATE JUL	. 7 1969 Milian	-11 %

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/ 1			301 W. PRESTON STREET, BALTIMO		
-	08136		CERTIFICATE OF DEATH	RE, MARTLAND ZIZUI	08129
€ -2€	1 DECEASED-NAME Fir	Meddle ,		a. DATE OF DEATH	26. HOUR 7
deot ond deat	(Type or print) ALBER	T D.	SIMMONS - Sr.	6 Manth 20 Pay	69 8:00 M
full full for d	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	LE UNDER 1 YEAR   F JINDER 24 HRS
S of S	MALE	CAU	4 Feb. 1897	last birthday) YRS,	MONTHS DAYS HOURS MIN
4 hour	7o. BIRTHPLACE (State or foreign country Virginia	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ 9. CO WIDOWED ☑ DIVORCED ☐	DUNTY OF DEATH BALTIMORE	Md
ithin 24 yithin 24 within 37	ID. CITY OR TOWN OF DEATH TO E	11 NAME OF HOSPITAL OR INC. 21204 give street address) GR _ BA LTO	MED CENTER 5 to 120	CUPAT ON (Kind of work done f working life even if retired)	126 KIND OF BUSINESS OR INDUSTRY
e executed within 24 hours after deoth.  and completely filled in the type funeral remove carbon popers. Pages I and 2 any event, within 72 hours offer death.	13a USUAL RES DENCE (Where dece odmission) STATE Maryla	ased ived) if institution Residence before	I3c CITY OR TOWN   I3d MS.DEC CTY LIMITS?   Glen Gurnie YES   NO	13e STREET AND NUMBER Dak Jood Road	TIM. DIY BOCK
and co	14 FATHER'S NAME First (UNK:	Middle Last	IS MOTHER'S MA DEN NAME First	Middle	Lost
certificate be executed within 24 hours after deoth a physician and completely filled in the fulleral han please remove carbon popers. Eagles I and 2 movol, and in any event, within 72 fears of the death	160 WAS DECEASED EVER IN U.S. A			Address	
The Total	18 CAUSE OF DEATH (Enter of	anly are cause per line far (a) (b) and (c).	)		APPROX MATE INTERVAL
at the death the ottendin sit permit. mation, or re		DUE TO, OR AS A CONSEQUENCE OF	G @ BONY METASTAS	AS	BATWEEN ONSET AND DEATH  6 MON TH
v requiring phy en sign he buri		ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)	
The lov ottend ottend has be se as the prior	190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS PE	PERMED 20a. AUTOPSY? YES □ NO【*]	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
iclan: pitol or rtificote d for u of Heol	21a ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF DE	ATH HOUR AM Month Day Year	21c HOW INJURY OCCURRED (Enter nate	ure of injury in Part 1 or Part 2 (1	tem 18.)
he hosp this ce detache Dept.	While Not while	PLACE OF INJURY ( AT HOME FARM STREET, FAC		City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospitol or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, poge 3 should be detached for use as the burial-tron should be filed with the State Dept. of Health prior to burial, creating the prior to burial the prior to burial, creating the prior to burial, creat	22a. I certify that (I) (t saw the deceased causes stated above	his hospital) attended the decease alive an JUNE 20 re, (1) (we) (did) (did not) view the	d from MAY 10 , 19 69 9 69, and that in (my) (aur) apıniar bady after death.	, taJUNE20 <sub>_19</sub> a death accurred an the dat	69, that (I) (we) last te and haur and fram the
OR IRE d w	22b. SIGNATURE	Chow M.	DEGREE PHYS DIRECT	OR STAFF 22c D	ATE SIGNED
TO HOSPITAL of Poge 4 moy b TO FUNERAL D director, poge should be file		R.B.K.CHOI	22e. ADDRESS		
Hour Street	23a BURIAL, (REMATION, 23b REMOVAL (Specify)			LOCATION (City or Town)	(County) (State)
01 OF A13	34 UNEXAL DIRECTOR Fune	ral H me/ Glen <sup>ADD</sup>	rnie Md.   250 RECD BY REC	Glen Burnie, M GISTRAR 256. REGISTRAR'S S 4 1969	
43m (FOY	Land & Will	ve"	DARPORT	X 1000 //	0 0

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X1	L	10.0	MA DIVISION OF VITAL RE		TE DEPARTMEN			
()	]	tems#5,7a,b,8, 5.16b.FilmGhlh	7/8/69 km		FICATE OF D		, MARILAND ZIZU	08130
death death	118	ECLASED NAME First Lyle growth Anna	Mid <b>11</b> m		Lost BOM	2o C	DATE OF DEATH Month 6	Dov28 Yeor 692:45 M
hours after the function of th	3. 5	female	4 RACE white		5 DATE OF BIRTH	5# 4/15/0	6 AGE (In years 55 birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
24 hour d in by pers P	70 CON	BIRTHPLACE (Stole or foreign in http:// ingland	76 CITIZEN OF WHAT COUNTRY USA	WIDO	RIED NEVER MARRIE D.VORCEI	o on	nty of Death 14ted States	Mid
e executed within 24 ho ond campletely filled in remove carbon papers n any event, within 72 h		RANDALLSTOWN	V	TOPD		1 1167	PATION (Kind of work do orking life, even if retired USEWTFE	126 KIND OF BUSINESS OR INDUSTRY
ecuted camp <sup>1</sup> et ove car	oon	USUAL RESIDENCE (Where deceosession) STATE Md	ed fived, if institution Residence 13b (OUNTY U.S.	e before 13c (II Ba.	Y OR TOWN 13d Lto Y!	INSIDE CITY JIMITS?	13e STREET AND NUMBER 6964 Millb	cook Park Dr.
ertificate be exc physician ond on nen please rem	12	HTHE SNAME First	Middle Ka	ndel	15. MOTHER'S MAIDE	EN NAME First Miri	Middle 2.m	Mehlmatn'
rtıficate ohysicia en plea eval, an		WAS DECEASED EVER IN JS ARM es, πο, or unknown) Lif yes give w		SECURITY NO 2-6906	17 INFORMANT		Address	
Page 4 may be retained by the haspital or attending physician.  Fuller and billing and the haspital or attending physician.  Fuller and billing the haspital or attending physician.  Fuller and billing the haspital or attending physician ond campletely filled in by the function of director, page 3 should be detached far use as the burial transit permit. Then please remove carbon pages? Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		Conditions, if ony, which gave >	y one couse per line for (a), (b) BY TE CAUSE (o) DUE TO, OR AS A CONSEQU	CITYUI	14 OF		JER UZED	APPROX MATE INTERVAL BETWEEN OWEET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate hos been signed by it director, page 3 should be detached for use as the burial trans, should be filed with the State Dept. of Health prior to burial, crem.		rise to immediate cause (a) stating the underlying cause last  PART 2 OTHER SIGNIFICANT (ON	DUE TO, OR AS A CONSEQUE  (c)  DITIONS CONTRIBUTING TO DEAS	PENCE OF	ME	TAST	ASIS	
The law reading to a the box been use as the with prior to	CERTIFICATION		ONDITION FOR WHICH OPERATIO		YES 🗀	ИО □	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
SICIAN: spital o spital o sertificate ed for of Hea	MEDICAL C	210. A€€IDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH  (If either, notify medical examin	HOUR A.M. Month Do	Y Yeor			of insury in Port 1 or Port	2, Item 18)
G PHY the ha r this c detach te Dept	-	While Not while D			f LOCATION Street or		City or Town	County State
TENDIN Ined by OR: After Sound be the Sta		saw the deceased al couses stated above	s hospital) attended the ive an (did) (did nat) vi	deceased fram 19 G ew the bady df	and that in (my)	7 , 19 6 9 , 1 (our) opinion d	eoth occurred on the	19 , that (I) (we) last dote ond hour and from the
L OR AT be retar DIRECTO		22th SIGNATURE	Janta	> M	DEGREE PHYS	☐ MED DIRECTOR	2	20 DATE SIGNED
SPITA 4 may NERAL itor, pa			IE G. SANTAIM		22e ADDRESS BALTI		VTY GENERAL	
70 Hr Page 10 Fu direct	230		29-69 BN	AT REUBE	V	RO.		(County) (State)
VR A15 4.0	S <sup>24</sup> .	FUNERAL DIRECTOR OL LEVINSON & E	BROS.,6010 REI	ADDRESS STERSTOW	N ROAD	O RECD BY REG ST	RAR 256 REGISTRA	RS SIGNATURE



1	1	08138		DIVISION O	F VITAL RECORDS,	301 W.	PRESTON STR	EET, BALTI		RYLAND 212	201	0813	-1
# #. 2 #.	1 D	ECEASED-NAME Type or print)	first Car]		Middle Chad	CLKIII	lost Smith	DLAIII	2a. DATE OF		Day		2b. HOUR F
death.			car.		Citad					June	7,	1969	6:35M
	3 \$	Male		4. RACE Whi	te		S. DATE OF BIF			6. AGE (in year last birthday	ors r} yrs.	MONTHS DAYS	HÖURS MIN
24 hours after add to the control of	7a (au	BIRTHPLACE (State or for natural Maryland	reign	_	WHAT COUNTRY?	8 MARRI WIDOW	D NEVER MARI	RIED 🔀	9. <b>COUNTY OF</b> Ba	DEATH ltimore			Md
within 2		CITY OR TOWN OF DEATH TOWSON		11.	NAME OF HOSPITAL OR IN	Jos	eph		L OCCUPATION	(Kind of work life, even if re	done	12b. KIND OF B INDUSTRY	USINESS OR
and completely fil remove corbon pin any event within	13o. adm	USUAL RESIDENCE (Whe ission) STATE Mar	re decease	d lived, if instit	ution Residence before Harford		OR TOWN	YES NO		x 494	BER		
and c remo	14	FATHER'S NAME Fire Dona		Middle Jose	Last	1	IS. MOTHER S MA	_	rst oan	Caro	ddle	Minn	Lost i.e.k
ysicion c please al, ond jr	160	. WAS DECEASED EVER IN	US ARMI		166 SOCIAL SECURITY		7. INFORMANT				iress		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b∎ ■xecuted within 2 Page 4 may be retained by the hospital or attending physician.  > FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filledirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pageshould be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event within.		1B. CAUSE OF DEATH PART I. DEATH W.	AS CAUSED		line for (o), (b), and (c		hemorrh	age. fi	ront.al	and		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
of the de the offe sit perm nation, o		Conditions, if any, wh	ch gave)		parietal	X		3-7					
equires tho physician. signed by burial-trons		rise to immediate co stating the underlyin lost.	g couse	(c)	R AS A CONSEQUENCE OF								
requires ng physic en signec ne burial to burial	22	PART 2. OTHER SIGNIF	ICANT CON	OITIONS CONTRIB	BUTING TO DEATH BUT I	IOT RELATE	TO THE TERMINAL	DISEASE ORG	ONDITION GIVE	N IN PART 1(a)			
ottending has been se os the th prior to	CERTIFICATION	19a. DATE OF OPERATION	N 19b. С	ONDITION FOR V	VHICH OPERATION WAS P	ERFORMED	20a. AUTOI YES 🌠			YES, WERE FIN OF DEATH?	DINGS CO	ONSIDERED IN CE	RTIFYING
fificate for us of Healt	MEDICAL CER	21a. ACCIDENT WAS U or contribut no och (If either, notify medic	USE OF DEATH	HOUR A.N	Manth Day Year L	9	HOW INJURY OCC	·		ry in Part 1 or	Part 2, I	Item 18.)	
fer this certil be detoched State Dept. of	WE.	21d INJURY OCCURRED White Nat while	21e. I	PLACE OF INJURY	( AT HOME, FARM, STREET FO OFFICE BUILDING, ETC					ar Tawn		County	Stote
Page 4 moy be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to		22a. I certify that saw the decorates state	t (A) (this	s haspital) ai ve an יווע (וו) (we) (dia	ttended the deceasine 7,	ed from 19 69 ,	May 30, and that in (my er death.	y) (aur) api	nian death	une 7,	, 19_ the da	69, that te and have o	(d) (we) las and fram the
UK ALLENDING PHTSICIAN: The law on retained by the hospital or attendin IRECTOR: After this certificate has been e. 3 should be detoched for use os the edwith the State Dept. of Health prior to		22b. SIGNATURE	Sel	uens	ans.		ATTENDIN EGREE PHYS.		NED.		22c. [	DATE SIGNED 0 10,19	
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 moy be retoined by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detoched for should be filed with the Stote Dept. of He		22d PHYSICIAN S NAME (Type)	Chri	stina F	eliciano, I			RESS			1, M	d. 2120	4
Page 4	230	REMOVAL Specify)	23b. D	ATE	B3c NAME OF	CEMETERY	OR CREMATORY. Ned . 80	hool	Boul	N (City or Tow	My	(County)	(State)
VR A15 (A) 30M REV 1 68	24.	FUNERAL DIRECTOR			ADBRES	S		2Sa REC'D B	Y REGISTRAR	256. REG	STRAR'S	S.GNATURE	pl. ·



MARYLAND STATE DEPARTMENT OF HEALTH



1(4)	08140	יום		S, 301 W. PRESTON STREET,		201
	Item6 Fi	lmG413 6/	25/69 kk	CERTIFICATE OF DEA		08133
deoth.	1 DECEASED-NAME (Type or print)	HILDA.	REGINA	SMITH.	20 DATE OF DEATH  JUNE Month	Doy 1969 7.25 M
24 hours after death de in by the freedings. Pages 72 hours after lean	3 SEX FRMI	ILE	NHITE	DEC 25	1884 6 AGE (In year	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hou ed in by opers.	70 8IRTHPLACE (Stote country) TO :	MD.	CITIZEN OF WHAT COUNTRY?  U.S. A.	8 MARRIED NEVER MARRIED DIVORCED DI	BALTIMOR	E. COUNTY, Md.
within tely fille rbon po	COCKEY	SVILLE	give street address)	MASWIC HOPE	USUAL OCCUPAT ON (Kind of work ring most of working life, even if ret	nred ) INDUSTRY
executed and comple amove co	odm ssion) STATE	L (where deceased in	ved if institution Residence before the COUNTY BALTO	BALTO. YESP	701.0	ROYJON-RO.
be re	CHAI	PLES.	L. TRIK	BULL LOUIS	E V.	LAUF.
ertificote b physician ren please roval, and r	Yes, no, or unknow				IC HOME K	ECORDS
requires that the deoth certificate g physician. I signed by the ottending physician buriol-transit permit. Then pleas a buriol, cremotian, or removal, and	PART I DI	DEATH (Enter only on ATH WAS CAUSED BY IMMEDIATE O	e cause per line for (a) (b), and AUSE (a)	Fional Obsi	truction	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH  2 days
that the d an. by the oth fronsit per cremotian,		ny, which gave ) ote cause (o),(	(b) Mas & CONSEQUENCE	e Umpilical	Hernia	8443
The low requires that the ottending physician. has been signed by the se as the buriol-transit the prior to buriol, cremon	stoting the un lost	derlying couse	1°7. E.Z. A.	-scleutic Va	. H Disease	10445,
ing ph				NOT RELATED TO THE TERMINAL DISEA		
AN: The low re ion or ottending icote has been for use as the Health prior to	190. DATE OF OP		DITION FOR WHICH OPERATION WAS	YES 🗆	NO CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
DING PHYSICIAN: The low rail by the hospital or ottending Affer this certificate has been I be detached for use as the state Dept. of Health prior to	OR CONTR BUTIN	WAS UNDERLYING G CAUSE OF DEATH medical examiner)	HOUR A.M. Manth Doy Yo	19	(Enter noture of injury in Port 1 or	
G PHYSIC the hospit r this certii detoched te Dept. of	While Not	vork	E OF INJURY ( AT HOME, FARM, STREET OFF,CE BUHLDING, ETC			County Stote
OR ATTENDING PHYSICIAI be retained by the hospital SIRECTOR: After this certifice e 3 should be detached fol ed with the State Dept. of H	sow th	derensed alive	aspital) ettended the dece an 1997 (did) (did nat) view t	19 97, and that in (my) (au	ir) apinian death accurred an	the date and haur and from the
OR AT be retoi DIRECTO	22b. SiGNATURE	lary	Hodan	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	744 + 19. 1969
TAI AI AI Page e fi	22d PHSYSICIAN NAME (Typ	e) (ar/1	F. Benson	410 220 ADDRESS 5/1/	York Nd. Balt	Med 21212
TO HOSPI Poge 4 m TO FUNER director,	23o. BURIAL, CREMA REMOVAL (Speci	0 6/	/69 Nou	edon teck	23d 19CATION (fity or Tow	md.
OM REV.	24 FUNERAL DIRECT	Brooks	Towson 16	ESS c youl not 250.		contry Judge.



	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08141 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3134
HEALTH DEPT.	a preference about	Day Year 2b. HOUR
oy is 3 ta Page	ROBERT SMITH DEATH MATED	19
ny deloy 2, and 3 PM3. Pa	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years left WORR 1 YEAR 15 UNDER 1 YEAR 15 UNDER 24 HIS 2C DATE PRONOUNCED DEAD Month 1 -5 -1953 1-6 Month 295.	Year 2d HOUR
any deland n PM3. F	Old Committee of the Co	1969 1:45
Dep J. 2	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 3 COUNTY OF DEATH	
farr farr	(Gunfry) Michigan U.S.A. WIDOWED ☐ DIVORCED ☐ Balto.	M
24 haurs after death any delay in Item 18. Give Pages 1, 2, and 3 re Office along with farm PM3. Pages 1 and 2 with the State Department is after death.	give street oddressy Etta OI Scevenson Referring most of working life, even if retired) IN	2b. KIND OF BUSINESS OR IDUSTRY
s after 18. Giv alang with the	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY UMATS? 13e. STREET AND NUMBER 13b. COUNTY	Rd. 21220
frem 1 Office I ond 2	Md. Balto 12 Jonguil I  14 FATHER'S NAME First Middle Lost 1)S. MOTHER'S MAIDEN NAME First Middle	Lost
Irem Office	Rexford Smith Margie Ann Stokes	
i within 24 n pencil in Examiner's File pages 1 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17, INFORMANT  ADDRESS  (Yes, no, gr unknown)   (II yes give wer or defens of service)   212 59 6025	
	(Yes, no, or unknown) (II yes give were or decless of service) 212-58-6925 John R. Smith 12 Jonquil Rd. 21	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
d be executed d "pending" in Chief Medical E transit permit. F y event within	IMMEDIATE CAUSE (a) Drowning	
ent ent	DUE TO, OR AS A CONSEQUENCE OF	
l be d "p Chie rans	Conditions, if any, which gave trise to immediate cause (a), (b)	
should be en word "per ne word "per na the Chief burial-transit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
She she is a fall in the she i	(c)	
ficate sing the ded to ded to os a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate shifter, writing the variang the variang the variang the variang the variang to the variang the variang to the variang the	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
certification of the certifica	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item	
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YESTart Pa
¥= ¬ =	FRIMARY SOR CONTRIBUTING HOUR A.M	
INER: Thi e certificat shauld be files. 3 shauld be	PRIMARY OR CONTRIBUTING HOUR A.M  CAUSE OF DEATH 12:15 XX 6 23 1969 Subject swam out to deep water.  21d INJURY OCCURRED 21e, PLACE OF IN, CRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
	WHILE NOT WHILE TO factory, affice building, etc.)	,
- U)	- I THIS OF THE TOTAL THE TOTAL TOTA	alto. Md.
tcal E executor. Page 1 for CTOR: burnel,	220 I certify that I took charge of the remains described above, held on PAutopsy XX Inspection, Inquiry, death resulted from: Notural couses Accident XX Suicide, Homicide Undetermined monner	-
please please retained. DIREC		
ry, pleaserd directions and prior to	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER VEVE 22b DATE ST	CNED
EPUTY BICA issary, please e funeral director ay be retained in Prior to bu	MONATURE - MINISTER CONTINUE AND THE CON	
D DEPUTY The funeral S may be D FUNERA Health pr	MARKE (Time)	23, 1969
ro DEPUTY The funer S may be TO FUNERA Health pr	WEIRIGE 1 SDICK V. U.	County) (State)
TO DEPUT TO DEPUT TO FUNE TO FUNE Health	Burial 6-26-1969 Wallace Memorial Cemetery Clintonville, We	, , ,
	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 5 SH	CNIATIVAL
VR A15ME (5) 10M REV. 1768	Wm. Cook-Brooks Towson 1050 York Rd. 21204 DATJUN 2 4 1969 Filling	as Judge



181142 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHORSE, MARYLAND 21201  CERTIFICATE OF DEATH  OS 135  CERTIFICATE  OS	CERTIFICATE OF DEATH	O8135  ON YEAR OF JOHN MANN TRS. MONTHS OAYS HOURS MANN  ON THE CONTROL OF THE CO
TO DATE OF DEATH    DOCUMENT   DO	CERTIFICATE OF DEATH	The Doy Year 2b. HOUR 1: 30 km (In years Months Oays Hours Min) YRS.
Total Control Death   First   Mode   Lost   Total Control Death   Total Deat	DECEASED-NAME (Type or print) WILLIAM B. SPEDDEN  3. SEX  4 RACE  TO BIRTHPLACE (Stote or foreign To. CITIZEN OF WHAT COUNTRY?  8 MARRIED REVER MARRIED 9 COUNTY OF DEATH  TO COUNTY) PROPERTY OF DEATH  18 Middle Lost  20. DATE OF DEATH  Moddle Lost  18 94  18 MARRIED REVER MARRIED 9 COUNTY OF DEATH	The Doy Year 2b. HOUR 1: 30 km (In years Months Oays Hours Min) YRS.
S. DATE OF BRITH SALES AND ALL STATES AND ALL STATE	(Type or print) WILLIAM D. PEDDEN  3. SEX  4 RACE  WHITE  TO BIRTHPLACE (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	(In years IF UNDER, YEAR IF UNDER 24 HRS. INTINGEY)  WONTHS ONYS HOURS MIN
S. DATE OF BRITH SALES AND ALL STATES AND ALL STATE	3. SEX  4 RACE  WHITE  S. DATE OF BIRTH  1894  6. AGE  lost b  70 BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	(In yeors IF UNDER, YEAR IF UNDER 24 HRS, HITHOUGH)  YRS. HOURS MINN  YRS.
24_HUNERAL DIRECTOR / ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	TO BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   7 REVER MARRIED   9 COUNTY OF DEATH	44 YRS.
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24_HUNERAL DIRECTOR / ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ot work of work	
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18143 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08136 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED NAME First M-ddle 20 DATE KNOWN Month Day Year 2b. HOUR (Type or Print) 2, and 3 to PM3 Page June 30, 169 4:00A LAWRENCE SPINO JOHN DEATH MATED pertment 6 AGE (in years IF JNDER YEAR 3. SEX 4 RACE S DATE OF BIRTH IF UMDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR Month June Doy 30, Yeor 169 White 4:00A Male A / ARYRS 7a, BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [7] DIVORCED [ Baltimore Sage 3 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street odd(ess) High Villa Road during most of working life, even if retired.) Baltimore 21220 should be forwarded to the Chief Medical Examiner's Office along 130 STREET AND NUMBER ALLERON 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY Baltimore YES NO 17 11 Left Aixeron Drive 1 and 2 \ ofter 15. MOTHER'S MA DEN NAME 14. FATHER'S NAME Last Victoria bages hours 16b SOCIAL SECURITY NO **ADDRESS** (Yes, no, or unknown) (If yes give wor or dates of service) same. APPROXIMATE INTERVAL <u>c</u> 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN DISET AND DEATH event with PART I DEATH WAS CAUSED BY Carbon monoxide intoxication IMMIDIATE CAUSE (o) \_ 450(1) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), the word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES [ NO E 21b. TIME OF INJURY Manth, Day, Year 121c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, tem 18.) 210 EXTERNAL CAUSE WAS shaold PRIMARY OR CONTRIBUTING burial, crematian, Subject found in car 3:00 mm 6-30- 1969 CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R F.D. No. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK High Villa Rd. Balto. M.D. 22a | certify that I tank charge of the remains described above, held on Autopsy [7]. Inquiry [ Inspection IX and in my apinian death resulted from: Natural couses f Accident . Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 6/30/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Ronald N. Kornblum, M.D. BURIA. CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) REMOVAL (Spec fy) Shinnston Masonic vrial 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Ruck, Inc Baltimore, Md. VR A15ME (5) 1969 10M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH



-	DIV	ISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE MARYLAND 21201	
	08744		CERTIFICATE OF DEATH		8137
_14 ± (0.4)	1 DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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fiter de fun		RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday) YRS	F UNDER 1 YEAR
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physician.  URECTOR: After this certificate has been signed by the ottending physician emetical physician by the fuels should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I sed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after	16a WAS DECEASED EVER IN U.S. ARMED FO Yes, no or unknown)   11 year we war as dat	es of service) 242-42	-6631 AVIS	L Spivey	SAMR
Ing p	18 CAUSE OF DEATH (Enter any one	cause per line far (o), (b), and (c	))	- / /	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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B PHYSICIAN: The law rethe hospital or attending this certificate has been detached far use as the e Dept. of Health prior to	21d. INJURY OCCURRED 21e PLACE While Not while	OF INJURY (AT HOME, FARM, STRFET, FA	(CTORY.) 21f LOCATION Street or R.F.D. No	a. City or Town	County State
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, poge 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	230 (BURAL, CREMATION 230 DATE	7-69 234 NAME OF	COMETERY OR CREMATORY	23d LOCATION, Edity or Town	(Caust) (State)
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	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8138
	any delay is and 3, ta that page	3	DECEASED NAME (Type or Frint)  SEX 4 RACE S DATE OF BIRTH  4 RACE S DATE OF BIRTH  4 RACE S DATE OF BIRTH  7 7 73 S DATE OF BIRTH  6 AGE; in Plans  10 Onder: 1c x 10 Jinder 24 HRS  Authority  10 Onder: 1c x 10 Jinder 24 HRS  20 DATE KNOWN II Month  DEATH MATED II Co.  20 DATE KNOWN II MONTH  OF LISTI-  DEATH MATED II Co.  21 DATE PRONOUNCED DEAD  Month  Day  BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED INEVER MARRIED 9 COUNTY OF DEATH)  A	Day Year 25 HOUR 1869 24 HOUR Year 1969 275
	haurs after death If- them 18. Give Pages of Office along with Item	10,	CITY OR JOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (if not in haspita during most pof work agree year if retired)  12 USUAL RESIDENCE (Where deceased ved, if iperpution, Residence before 3 CITY OR 10WN)  13 MINDOWED DEVORCED   120 USUAL OCCUPATION (Kind of work agree work in give even if retired)  12 USUAL RESIDENCE (Where deceased ved, if iperpution, Residence before 3 CITY OR 10WN)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)  13 MINDOWED   120 USUAL OCCUPATION (Kind of work agree during most pof work in give even if retired)	
	N STREET, BALTIMORE, of within 24 hours after in pencil in Item 18. Grammer's Office along. File pages Land 2 will!	haurs ath	FATHER'S NAME First Middle Lost 15 MOTHER'S MADEN NAME First Middle  SOURRE  WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, rig, pr unknown) (fyes give wor or dates of service)  The source of the source of service of the source of service of the source o	Dorsey Winters Lowe
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1/8,2	de de die	and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NACIO SEASE OR CONDITION GIVEN IN PART 1(a)  190 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	MINER: This certificate, write certificate, write 4 shauld be forwar in files.	itian, ar femaval, MEDICAL CERTIFICATION	WAS PERFORMED?  2 To EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2 PRIMARY OF CAUSE OF DEATH  2 To INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 PRIMARY OF CAUSE OF DEATH  2 To INJURY OCCURRED 2 To INJURY (At home, form, street, 2 to LOCATION Street or R.F.D. No City or Town	
	DEPUTY MEDICAL EXAM cessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page	aith priar ta burial, crema	WHILE NOT WHILE   factory, office building, etc.)  220. I certify that I took charge of the remains described above, held on Autopsy   , Inspection   , Inquiry   death resulted from: Notural causes   Accident   , Suicide   , Homicide   , Undetermined manner  ACTUAL SIGNATURE ABOVE   ACCIDENT   ASS STANT MEDICA. EXAMINER   22b. DA  EXAMINER'S	and in my opinion is a signed in the signed
	Q 2 € 10 Q VR A15ME (3)		BO BLRIAL (REMATION, 123b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)  BURDIAL Specify) 6-4-69 DATE 23c NAME OF CEMETERY OR CREMATORY  ADDRESS AUE 250 REC DRY REG STRAR 25b REG STRAR 25b REG STRAR 25b REG STRAR 25c REC DRY REG STRAR 25b REG STRAR 25c REC DRY REG STRAR 25c REG STRAR 25c REC DRY REG STRAR 25c REG ST	(County) (State)

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08139 DECEASED-NAME Soseph L. Staub and 2 death. Lost 20. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) June Month 19,0069 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bytimay) Male February 8, 1897 HOURS Caucasian 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country)Pennsylvania U.S.A. Baltimore WIBOWED -DIVORCED [ ] pap ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) 1214 Baker during most of warking "fe, even if retired.) INDUSTRY Catonsville Avenue Grocery Meat Cutter 130 USLA: RESIDENCE (Where deceased lived, finishtation: Residence before 13c CITY OR TOWN 13d. INSIDE CITY & MITS? 13e STREET AND NUMBER Baltimore Catonsville 214 Baker Avenue 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Jacob Staub Mary Smith .60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, ar unknown) (f yes give war or dates of service) burial, crematian, or remayal, 216-09-6900 Mrs. Joseph L. Staub 1214 Baker Avenue 18 CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) . DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gave } rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to TO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES | NO | 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216. TIME OF INJURY OR CONFRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 2.e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 216 LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 19 7, to 12. 4, 19 4, that (1) (we) last saw the deceased alive an 19 9, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (dia) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date of the date and hour and from the causes stated above, (1) (we) (dia) (the state of the date of the da 22b SIGNATURE **ATTENDING** DEGREE 22d PHYSIC AN S J. Nelson McKay 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) 6/23/69 Druid Ridge Cemetery Pikesville, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE oring Byers Chapel 8728 Liberty Road 21133 Mingles Cudat



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ž.	14. Ï	ATHER'S NAME First		Middle	Lost		S. MOTHER S MA	AIDEN NAME FI			Middle		Last
		Allen	Duch	Curtis			THE COUNTY	Pa	tric	ia A	nn	Wal:	sh
		WAS DECEASED EVER IN U.S. A es, na, ar unknawn)   (II yes en		dates of service)	16b. SOCIAL SECURITY N	0  17	INFORMANT	CKINE Ch	o m t		Address		
		18 CAUSE OF DEATH (Fotor	anly a	na rauso nas lis	a far (a) (b) and (c)		GDPIC Z	MAA CII	all			APPROXII	MATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	ISED B	ine coose per m	Hyaline	Membr	ane Dis	sease					hrs.
		11/6 1 IMME	DIAIL	CAUSE (a)	S A CONSEQUENCE OF								
		Conditions, if any, which gav		(b)	Premat	urity							
		rise to immediate couse (a stating the underlying cous			S A CONSEQUENCE OF								
		last.	=)	(c)									
		PART 2. OTHER SIGNIFICANT (	ONDIT	IONS CONTRIBU	TING TO DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE OR CO	ONDITION	GIVEN IN PART	1(0)		
	NOI	19a DATE OF OPERATION 19	L COL	IDITION FOR WIL	CH OPERATION WAS PER	EORMED	20a. AUTO	IDCV2	10	OF IE AEC MED	E CHIDINGS (	ONSIDERED IN C	EDTIEVING
1	CERTIFICATION	TYO. DATE OF OPERATION IS	PD. LUR	IDITION FOR WIT	UT OFCKATION WAS PER	TOKNIED	YES X			AUSES OF DEAT			CKTIF7ING
	CERT	21a ACCIDENT WAS UNDERL	YING	21b TIME OF	INJURY	21c. H			nature a	f injury in Part	1 or Port 2	yes_	
	MEDICAL	OR CONTRIBUTING CAUSE OF D	EATH	HOUR A.M	Manth Day Year								
		214 IN HRY OCCURRED 2	le. PL/		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Street	et or R.F.D. Na		City or Town		County	Stote
		at wash											
		22o. I certify that (I)	this l	naspital)_atte	nded the decease	d fram I	une 20	. 19.6	9_, to	June 2	.1, 19	<u>69</u> , that	(I) (we) lo
		220. I certify that (I) ( saw the deceased causes stated abo	alive	(me) (did)	e_z	9 <u>05</u> , on	d that in <u>(m</u> death	A) (ont) obji	nion de	oth occurred	on the do	ote and hour	ond from t
		22b. SIGNATURE 7	10, (	) (We) (dia)	gia nor) view ine i	ody one:					22c.	DATE SIGNED	
		Yolu	u	21/0/	dem	DEGI	REE PHYS	NG D1	ED . IRECTOR .	STAFF PHYS.		June 22	2,1969
,		22d. PHYSICIAN'S NAME (Type)					22e. ADD						
		. 7 . 30111		. Adams				L N. Ch				wson, Mo	
	23a		b DAT		23c. NAME OF			DM.	23d 10	CATION (City o	Town)	(County)	(Stote)
	24	CHAIFDAL DIRECTOR		26/69	223gggA		OUR C	Loca Dreib Di		THLEME	REGISTRAR S		
		Mitchell-Wied	efe	ld Home	6500 Yor	c Road	-Balt	P.4119				of June	
		Downing Fun	022	1 Hom	e Bethle	nen	Pa		4 1	103	/	1	



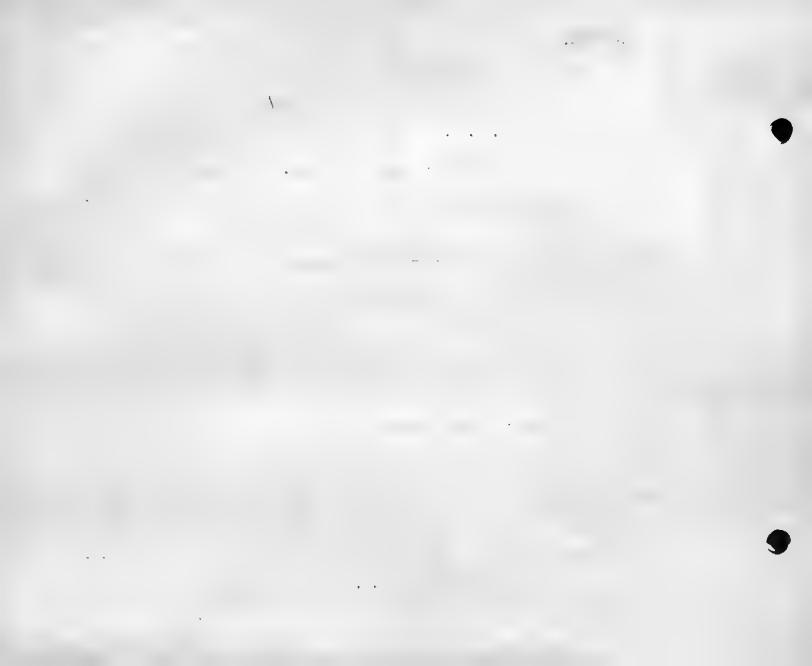
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARYLAND STATE DEPARTMENT OF HEALTH  Item Film 3 43 division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
	. 1/	7/1/6; 11w 08148 CERTIFICATE OF DEATH	08141	
	É A	DECEASED NAME First Middle Lost 20 DATE DE DEATH	2b. HOUR	
	offin area	June 21,	1969°° 6'40 fm	
		Male  4. RACE White  S DATE OF BIRTH April 17, 1897  6. AGE (In yeors last burbledy) April 17, 1897	MONTHS DAYS HOURS M.N	
0/23	by the Page	O BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARR ED 20 9. COUNTY OF DEATH		
	in 24 h	Germany U.S.A. WIDOWED DIVORCED Baltimore	Md	
	e electred within 24 hours and completely filed in by i remove carbon papers. Pan any event, within 72 hours	Catonsville  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done during most of working life, even if relired.)  13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if relired.)	126 KIND OF BUSINESS OR INDUSTRY	
		30 JSJAL RESIDENCE (Where deceosed lived, finishtution Residence before dission) STATE Maryland 13b COUNTY Baltimore Catonsville 15c OTT OR TOWN 13d INSDECTIVE M.157 13e STREET AND NUMBER CATONSVILLE		
	or b movement	4 FATHER'S NAME First Middle Lost IS MOTHER'S MADEN NAME First Middle	Lck Road 21228	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the haspital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on director, page 3 shauld be detached for use as the buriol-transit permit. Then please is shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in	Christian C. Stickel Martha		
		66 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service) (Address Mrs. Clarissa B. Lambdin, 6433	Frederick Rd.	
		B. CAUSE OF DEATH (Enter only one couse per line for [o], (b), ond [c]]		
	VR AIS NOT	BURGAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229  New Cathedral Cemetery Baltimore, Mary 250. REC D BY REGISTRAR DATE OF THE PROPERTY OF THE PROPERT	S S GNATHRE	



		emb Film 3413	MAK VITAL RECO	RDS, 301 W. PRE	EPAKIMENI STON STRFFT	OF HEALIH	AARYLAND 21201	1-1-
FOR STATE	12	16/69 081 <b>49</b>		L EXAMINER'S				08142 KK
HEALTH DEPT.		CEASED-NAME First Co.			duffer lo		20. DATE KNOWING Month	Doy Year 25 HOUR
· 50 00 24 /	1 1	rpe or Print)	<b>EACX</b> CX		EQUEKEN	Stouffer	UF ECIL	4 69 8:30a
A Para	3 5		DATE OF BIRTH	6 AGE (in	rears IF UNDER 1 1		4 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
any delay is 2, and 3 ta Page			12/18/4	6 200/32	2RS		Month June	4, Yeor 19 69 8:30
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thin 24 not in niner's pages haurs		AS DECEASED EVER IN U.S. ARMED FORCE		b. SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS	
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should be ended to ward "pella and the Chief I burial-transit in any ever		stating the underlying couse fast	DUE 10, OK A0	A CONSEQUENCE OF				
INER: This certificate should be executed within 24 hours after death recertificate, writing the ward "pending in penci in Item 18. Give Pages 1, should be farwarded to the Chief Medicat-Examiner's Office along with farm files.  3 should be used as a buriat-transit permit. File pages land 2 with the State Devation, or remaval, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITION	(d S CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
S12 O  This certificate is ficate, writing the be farwarded to d be used as a b or remaval, and	_	THE STATE ST	, control in	10 011111		THE DIDENSE OF C	OND THE OFFICE THE PART TO	
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This cate, be far be u	E E			WAS PERFORMED?				YES NO 🗆
d be	100	PRIMARY TO ONTRIBUTING	21b. TIME OF INJ HOUR A.M.	JRY Month, Doy, Year		RY OCCURRED (Ent	er noture of injury in Port 1 or Port 2,	liem 18.)
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necessary, p the funeral s may be re to FUNERAL Health prio		NAME (Type) Edward					city, town, or county)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BUR A. (REMATION, 23b DATE REMOVAL (Specify)		23c NAME OF CEM Shirey (		RY	23d. LOCAT ON (City or Town)	(County) (Store)
	24	Burial 6/9 UNERAL DIRECTOR HOWARD C				Tasa Rech	Greensborggree	S SIGNATURE
VR A15ME (5)		Harry H. Witzke.				DATEUN		was Judan
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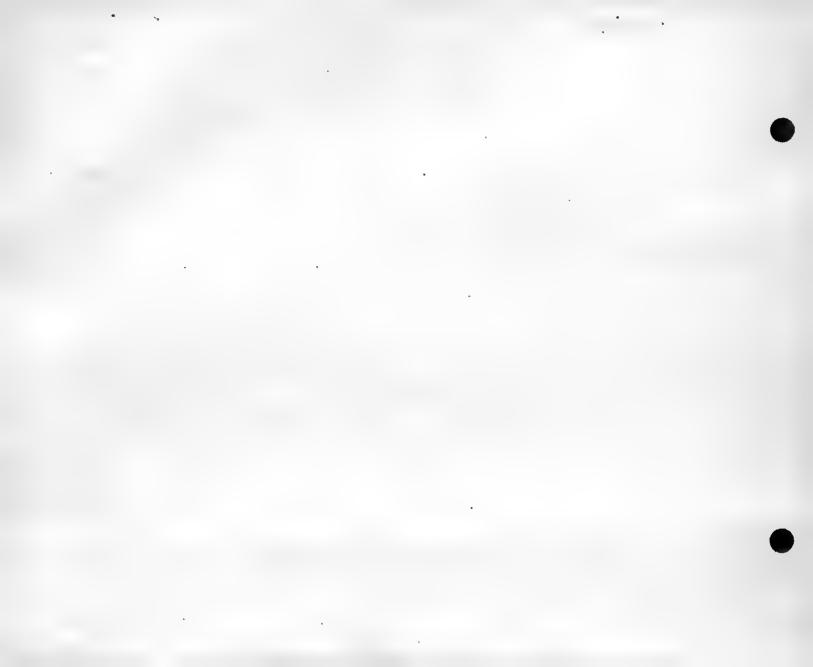
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08143 N8150 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 20. DATE OF DEATH 2b HOUR TO (Type or print) Month Mabel Elizabeth Straub 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER ILYEAR White lost birthday) Female 3/2/91 requires that the death certificate be exercised within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH (country) Philadelphia the ottending physican and completely filled in sit permit. Then please remove carbon papers. U. S. A. WIDOWED IX DIVORCED [ Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospito 120 USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR give street oddress) Grove State Hosp. during most of working life, even if retired) Catonsville housewife or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY Maryland 2903 Jomat Ave. 21234 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost M ddle Lost Blouse Jake 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, not at unknown) (If yes give war or dates of service) 217-25-3372 Records: SPRING GROVE STA E APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. Myperrdial infarction buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, fany, which gove) buriol-transit rise to immed ofe couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying coused Generalized arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Small bowel resection for volvulus - May, 1969 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES 🗔 May, 1969 NO T3c volvulus small bowel 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJRY (AT HOME, FARM STREET FACTORY.) 21f LOCAT ON Street or R.F.D. No. City or Town Stote County While Not while of work 22a | certify that (N (this hospital) attended the deceosed from 12/15/00, 19, to 0/1/, 19, 09, that (N) (we) last saw the deceased alive an 5/1/19/09, and that in (N) (our) opinion death occurred on the date and hour and from the Poge 4 may be retained O FUNERAL DIRECTOR: A causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED **ATTENDING** Wrovoleda 6-2-69 DEGREE DIRECTOR 22e ADDRESS SPRING GROTE 22d PHYSIC AN S Diomidis Pirovolidis, M.D. NAME (Type) director, should be Baltimore, Maryland 21228 230 NAME, OF CEMETERY OR CREMATORY (County) /(Stote) 230 BURIAL CREMATION. 23th DATE 23d LOCATION ACITY OF TOWN 250 RECD BY REGISTRAR 2Sb REG STRAR S SIGNATURE



_	I	MARILAND STATE DEPARTMENT OF HEALTH	
	00484	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	08151	CERTIFICATE OF DEATH	08144
er death funeral 1 and 2 er death	1 DECEASED NAME (Type or print)	First Middle Lost 20 DATE OF DEATH Prive Elsoe Marie Stron June Month 7 Di	2b. HOUR
after les l	Female	4. RACE S. DATE OF BIRTH 6. AGE (In years last burthogy)  May 8, 1875 (4. YRS	HE JNOER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours of the state	To BIRTHPLACE (State or fore country)	gn 76 (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED PROPERTY OF DEATH	
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aruted cample cave ca	odmission) STATE	and 136 COUNTY Bothimore Baltimore 45 NO 1925 Will	lens Avenue
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phys he has this ce tetache	While Not while of work of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town	County State
JDING J by t After J be o	22a. I certify that saw the deced	ised alive an Jane 6 1969, and that in (my) four) apinian death accurred an the c	964, that (I) (we) last
TOR:	causes stated	abave, (I) (we) (did) (dia nat) view the body after death.	DATE SIGNED
OR be re 3 sed will	La	ATTENDING - MED - STATE -	and 7, 1969
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O HO O FUN direct	230 BUR AL, CREMATION, BENOVENESS	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (Gry or Town) 6-10-1969 Loudon Park Cemetery Baltimore, 1	(County) (Stote) Maryland
VR ALADO	24. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	
30M REV	Wm. Cook-Bro	oks Towson 1050 York Rd. 21204   DIN 1 0 1969   10 1000	En ander



DOUISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILTHORE, MARYLAND 21201  1. DECESSO MANE FOR PLAN IN THE CONTROL OF MANY AND W. Load (Proper pirel)  1. DECESSO MANE FOR PLAN IN THE CONTROL OF MANY AND W. Load (Proper pirel)  1. DECESSO MANE FOR PLAN IN THE CONTROL OF MANY AND W. Load (Proper pirel)  1. DECESSO MANE FOR PLAN IN THE CONTROL OF MANY AND W. Load (Proper pirel)  1. DECESSO MANE FOR PLAN IN THE CONTROL OF MANY AND WORK MANY AND LOAD (PROPER MARKED)  1. DECESSOR MANY AND WORK MANY AND WO		1				DEPARTMENT OF				
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10 CITY OR TOWN 60 DEATH   11 MARCO PROSPITAL OR INSTITUTORIST SHOPPED   12 MAN DECEMBER 1   12 MARCO PROSPITAL OR INSTITUTORIST SHOPPED   13 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   3 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   3 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   3 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   4 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   5 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (Where decreased lived, d. in-dividinor, Residence before 15 CLITY OR TOWN)   6 MUSAR RESIDENCE (W. in-dividinor, Residence before 15 CLITY OR TOWN)   7 MUSAR RESIDENCE (W. in-dividinor)   8 MUSAR RESIDENCE (W. in-dividinor)   8 MUSAR RESIDENCE (W. in-dividinor)   10	S S S S S S S S S S S S S S S S S S S	70			8		O COUNTY OF DE			
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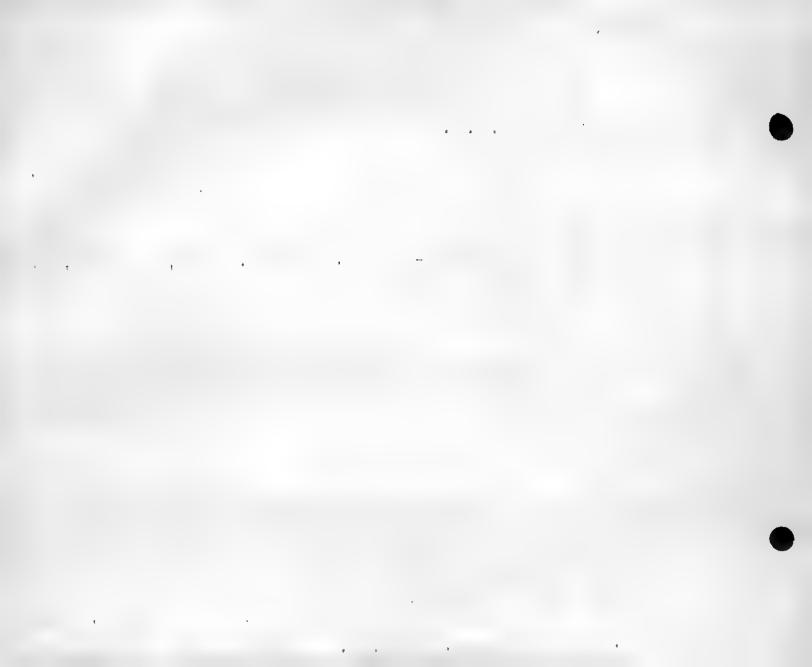
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athin 22	10	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)		OCCUPATION (Kind of work done t of working life, even if get red.)	126 KIND OF BUSINESS OR INDUSTRY
W See M	130	HIS AL DESIDENCE TWHERE develop	ed I ved, if institut on Residence before	Ha Illana	reacher	IIIDO31K1
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital or attending physician. The attending physician and completely required by the attending physician and completely read in the funeral stacked far use as the burial-transit permit. Then please temave colors agers Pages I and 2 Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	odn	ission) STATE	A 13b COUNTY TEMPORALE BEFORE	13c CITY OR TOWN 13d INS DE CITY LAST YES NO	A Printer Fill of Contract	Md. 21057
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Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and	Ж	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f LOCATION Street or R.F.D. No	City or Town	County State
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il.	with /		t. Wilson	give street oddress)	St Hann	during most of working the eyen if ret	done 12b K NO of BUSINGS OR dired) D. C. GOVT
*	arbo rrbo ft, w	_		Mt. Wilson lived, if institution Residence before			
benakedted within 24 hours after death	эта completely filled remave carbon pope n any event, within 7	odir	ission) STATE Zud	135 COUNTY  Flontgomery		NO AT A TO A	intere Love
3	in any	14	FATHER'S NAME First	Middle Lost	TS. MOTHER'S MAIDE	N NAME_First Mic	ddie Lost
1 2	The second	L	Dell	Lum ne	ul	Trancy	Capp.
74	leose	160	WAS DECEASED EVER IN U.S. ARME			Add	ress
Ecaulars The law requires that the death certificate	or or unenaing physician circle has been signed by the ottending physician of for use os the bur al-tronsit permit. Then please the burial, cremation, or removol, and in	`	(es, no, or unknown) (If yes give war	or dates at service)	Hospita	I Records, Mt.	Wilson St. Hosp
cert	nov	F	IR CAUSE OF DEATH /Enter only	and course her was for (a) (b) and (c))			APPROX MATE INTERVAL
61=	ottending permit. The		PART I. DEATH WAS CAUSED	one couse per nne for (o), (b) and (c) )  BY  CALISE (a)	0	Pul. Tuburcu	BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH
\$ 8 8	ottendi permit. ion, or r		IMMEDIAL	LAUSE (0)	goan de	fac. same	ena 6 mios
2 5	e of pe pe		Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF			
31=	nsit primatic		rise to immediate couse (a).	(b)			
W =	te to the		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
- 7 E	pnysician signed by the bur al-tronsit burial, cremat	L	lost.	(r)			
W. S.	E SE SE		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(0)	
≥	been been s the ior to	e e					
.0	e has been use os the alth prior to	CERTIFICATION	190. DATE OF OPERATION 196 CO	NOTION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY7	CAUSES OF DEATIES	DINGS CONSIDERED IN CERTIFYING
F 1	B 성 87 후				AR 🗌	NO 🔀	
OR ATTENDING PHYSICIAN:	be retained by the hospital of unequing physician DIRECTOR: After this certificate has been signed by 3 should be detached for use as the bur al-tro led with the State Dept. of Health prior to burial, cre		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TiME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURR	ED (Enter noture of injury in Port 1 or F	Port 2, Item 18.)
<u> </u>		MEDICAL	(If either, notify medical examine				
1XS	by the hospin ffer this certif be detoched State Dept. of	×	21d. iNJURY OCCURRED 21e. P.	ACE OF INJURY ( AT HOME, EARM, STREET, FACT	ORY.) 21f LOCATION Street or	R.F.D No. City or Town	County State
<u> </u>	this De deto		While Not while twork	A OLLY POSTOLIST FIE			
2	fter fter be o	ı	22a. I certify that (I) (this	haspital) attended the decease	d from 5/29	,1969, to 6/2/	_, 19_6 G_, that (1) (we) lost
9	: Af	L	saw the deceased aliv	re on	69, and that in (my)	our) apinion death accurred an t	the dote and have and from the
	B			(I) (we) (did) (did nat) view the b	ady'atter death.		
~ ~	KECI 3 si wii		22b SIGNATURE		ATTENDING	MED STAFF	22c. DATE SIGNED
0.1	D S S S S S S S S S S S S S S S S S S S		VVIW	VERMU	DEGREE PHYS	DIRECTOR L PHYS	6/21/65
IAI	AI Poe fin		22d. PHYSICIAN'S NAME (Type) W	m Navaaman M	22e ADDRESS		
TO HOSPITAL	roge 4 may be retained  To FUNERAL DIRECTOR: A director, page 3 should should be filed with the			am Newcomer, M.		t Wilson, Maryl	
H 0	8 <b>5</b> 5 6 7	230	BURIAL, CREMATION, 23b DA		EMETERY OR CREMATORY	23d LOCATION (City or Town	n) (County) (Stote)
10	500				awn Cemetery		
	18 3	24	FUNERAL DIRECTOR OBERT A. PUME	HREY, Bethesda			STRAR'S SIGNATURE
	45M 1 82	L	ODERT M. FUFIL	mer, bechesua	, rial y Land	TJUN 2 4 1969 XC	leanly Judge



1	1	n8155	DIVISION OF V	ITAL RECORDS,	301 W. PI	DEPARIMEN RESTON STREE ATE OF DE	T, BALTIMOR	TH E, MARYLAND :	21201	081	4.0
1	. DE	CEASED NAME First		Middle	LKIIIIC	Lost		DATE OF DEATH		001	2b. HOUR
ı	(1	Ype or print) MICHA	EL		SW:	ISTAK		Month	204	Pegr 9	11:35
3	SE		4 RACE			S. DATE OF BIRTH		6. AGE (In	yeors	F JNDER I YEAR	IF UNDER 24 MRS
Ļ		MALE		JCASION		8-22-		6. AGE (In last birth	6 DIRS	MONINS DATS	MIN MIN
1	TI	RIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT U. S.		<sup>8.</sup> Married [ Widowed [	NEVER MARRIED DIVORCED		unty of death BALTIMOR	E CO	UNTY	M/
L	-	ITY OR TOWN OF DEATH TOWSON	give stre	E OF HOSPITAL OR INS let oddress) ATER BA1	LTO. I	MED.CIR	during most of	UPATION (Kind of w working afe, even a der – Bet	retired)	125 KIND OF INDUSTRY	BUSINESS OR
0	3o dm	USUAL RESIDENCE (Where deceose ssion Maryland	13b. Baltin	Residence before	13c. CHY OR Dunda	TOWN 138.1	INSIDE CITY LIMITS?	13e SIREET AND N	murry	Road	
1	4 F	ATHER'S NAME First	M.ddle	Swiste		MOTHER'S MAIDE			Middle	D	lost
ŀ	160	WAS DECEASED EVER IN U.S. ARM	FD FORCES?	Sb. SOCIAL SECURITY N		FORMANT (W	Stel.		Address D	Beg	
	γ			213-09-00		s. Virgi	nia J.	Swistak.	Di	unmurry undalk	Rd.
Γ		18. CAUSE OF DEATH (Enter an	y one cause per line	for (a), (b), and (c).						APPROX N	IATE INTERVAL ISET AND DEATH
ı		PART I. DEATH WAS CAUSED IMMEDIA	BY TE CAUSE (6) <u>CA</u> I	RCTNOMA	HYP	OPHARYN	X			2YRS	
l		1487		A CONSEQUENCE OF	,						
l		Conditions, if any, which gave ) rise to immediate cause (a),	(b)	N/A_							
ı		stoting the underlying cause	DUE TO, OR AS	CONSEQUENCE OF							
ı		lost.	(c)	N/A							
ı		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO	THE TERMINAL DIS	EASE OR CONDITI	ON GIVEN IN PART I	(o)		
Ì	CERTIFICATION	19g, DATE OF OPERATION 19b (	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20o. AUTOPSY?	1	20b. IF YES, WERE	EMPINGS CO	MISIDEDED IN CE	DTIEVING
1	<u>포</u>	The state of the s	ongillow tok malan	OI ERATION FRANCE	I OMINED	YES 🗀	NO 🔀	CAUSES OF DEATH?	I WOUNDS CO	MAIDERED IN CE	KIIFTING
		21o. ACCIDENT WAS UNDERLYIN	215 TIME OF IN	JURY	21c HD	_		e of injury in Port 1	or Port 2 1	tem 18.)	
3	₹	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M.	Month Doy Year	3		( 11410)1	o or mprij in rott r	e, roită, l	1001 100	
44.60		21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT	HOME, FARM, STREET FAC FICE BUILDING, ETC.	ORY.) 21f. LO	CATION Street or	R.F.D. No.	City or Yown		County	Stote
		220. I certify that (IX (thi	hospital) attend	led the decease	d fram_M	AY 29	, 1969 ,	to_THNE_	27.196	9 that	XI) (we) las
ı		22o. I certify that (IX (thi saw the deceased al causes stated apove	ve on JUNE	27, 1	9.69 and	that in (MYK)	our) apinian (	death accurred a	n the da	le and haur o	and fram the
ı	ŀ	22b. SIGNATURE	M (Me) (did) Mi	SCHOOL VIEW THE I	ody offer d	eoin.					
ı		ZZS STONATORE	1 /cars	uck	DEGRI	ATTENDING E PHYS	MED.	R STAFF E	7 22.6	A/27/69	
	1	22d. PHYSICIAN'S NAME (Type) J. L.	WOMACK		•	22e. ADDRESS 6701	N. CHA	RLES ST	REET	, 2120	)4
	E		/1/69	23c NAME OF C	Heart	rematory of Jesus	Cem.	LOCATION (City or To	<b>iltim</b> o	(County)	(Stole)
2	J4	ohn J. Duda, 79	22 Wise A	ADDRESS ve. Dunda	ilk. Ma		REC'D BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNATURE	



. 7		18126	DIVISION OF VITAL RECORDS,	301 W. PRESTON S	TREET, BALTIMOR	RE, MARYLAND 21201	08149
	I	tems9&10 FilmG		CERTIFICATE O			00133
teral and 2 death.		ECEASED NAME First Type or print)	PA A	TALBO	20	JUN Month Day	Year 9 2b. HOUR
offer Lu	3 5	Female	4 RACE	S. DATE OF	/3/95	6 AGE (in years last pirthdoy) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
n 24 haurs illed infby papers, Po	7a cou	BIRTHPLACE (State or fore gn ntry)  Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER N WIDOWED X DI	ARRIED 9. CO	UNTY OF DEATH Coltago 1/1 Baltim	ore Md
	1	TITY OR TOWN OF DEATH Randallstown	II. NAME OF HOSPITAL OR IN Chaple Hill	Nursing Hou	120 USUAL OCC	UPATION (Kind at work dane working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
cuted v omplete ive carb	2.0	USUAL RES DENCE (Where decease issian) STATE Md.	d ),ved, if institution Residence before 13b COUNTY	Balto.	AES WO W	3616 Paine St	t.
ertricate be executed within 24 physician and completely filled hen please remaye carban pape naval, and in any; event, within 7	14.	FATHER'S NAME First	Middle Lost	1S MOTHERS	MA DEN NAME First	M ddle	Last
ate	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY			Address	
/ 震 影		(es, na, ar unknown) (If yes give wo	none	Herb	ert Talbot	t 3616 Paine S	APPROX MATE INTERVAL
Port E		1B CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (c)	))			BETWEEN ONSET AND DEATH
law requires that the death nding physician. been signed by the attendins the burial-transit permit. iar ta burial, crematian, ar re		IMMEDIA	BY: TE CAUSE (o)		A-BELL WILL	cer.	5 3 -1 ,
that the d an. by the atti transit perr cremation,		Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	, · ·	The state of the s	,	1111
that than than the by the transit cremat		rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF	-4/2027	2004 8		1.1-5
th similar than the second of		stating the underlying cause lost.	It I For	4367111	)		SC AY
equires tho physician. signed by burial-tran			DITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
2 red par single but be but							
PHYSICIAN: The law requires the haspital or attending physician, this certificate has been signed by etached for use as the burial-trais. Dept. af Health priar ta burial, cre	CERTIFICATION	19a DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS P	YES		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
PHYSICIAN: The e haspital or after his certificate has stacked far use a Dept. of Health pr	MED CAL CE	21a ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUT NG ☐ CAUSE OF DEATH  (If either, natify medical examin	er) HOUR A.M. Month Day Yeor	19		ire af injury in Port 1 ar Part 2,	
	W	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.		, (	City or Town	County State
OR ATTENDING be retained by the IRECTOR: After a shauld be ded with the State		22a. I certify that (I) (thi	s haspital) attended the deceasive an 2 - 2 2 - 6	sed from	(my) (aur) apinian	don'th occurred on the d	to and hour and from the
R: A		couses stated above	(1) (we) (did) (did not) view the	body after deoth.	(my) (our) opinion	deall occorred an ine o	ale alla lioni olla iloni ilie
OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE	7/	at 170	IDING MED.	STAFF CD 22c	DATE SIGNED
be 3 Sed v ed v	П	1.1.7.12	mench 1: 1	DEGREE PHYS	DIRECT لشام		>-67.61.
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State		22d. PNYSICIAN S NAME (Type)	,/	22e. /	ADDRESS		
O HOSPIT Page 4 m O FUNERA director, I	230	. BURIAL, CREMATION, 23b. I	DATE 23c NAME OF	F CEMETERY OR CREMATOR	у 23с	J. LOCATION (City or Town)	(County) (State)
5 Page of specific		REMOVAL (Specify) 6	/26/69 Por	plar Grove		Balto. No	
VR A1 (1)	24.	FUNERAL DIRECTOR Paul E. Chenowe	th Jr. 3617 Chest	nut Ave.	250 REC'D BY REC	SISTRAR 2SB REGISTRAR	SAIGNATURE

. O. . 10

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	MD G1001
08157 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	08150
1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH	
TAMPIERI June	anth 6 1969 M
3 SEX 4. RACE S. DATE OF BIRTH 6 AGI	E (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White May 10, 1891	Burthday) MONTHS DAYS HOURS MAN
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1
COUNTY TELLY  U.S.A. WIDOWED DIVORCED Baltimore  10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of	Md.
1 21234   glye street address)   during most of warking life, ev	of work done 125 KIND OF RUSINESS OF
130. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AN	ND NUMBER
130 USUAL RES DENCE (Where deceased lived, if institution. Residence before   13c CITY OR TOWN   13d INSIDE CTY LIMITS?   13e STREET AN admiss on) STATE   13b. COUNT Baltimore   21234   YES   NO X   8346   E	Edgedale Road
14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Lost
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of Jinknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT	21 Mare Wood Fork Rd.
Yes, no or Jnknown) ("yes give war or dates of service) 214-01-2455 Anthoney J. Tampieri	Pimonium, Nd. 21093
bib. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or Jinknown)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	APPROXIMATE INTERVAL BETWEEN ONSET AND OBATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Remodelle Weart Aus	east
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, If any, which gave tise to Immediate cause (a).	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Conditions, If any, which gave (b)  Trise to Immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  Output  Out	
	RT I(c)
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W YES NO 210, ACCIDENT WAS UNDERLYING 216 TIME OF INITIRY 2216 HOW INITIRY OCCUPED. (Extra privale for use) is the	/ERE FINDINGS CONSIDERED IN CERTIFYING
PES NO DE CAUSES OF DEA	
21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Pa	irt 1 or Part 2, Item 18.)
SECTION OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, not.fly medical examiner) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. Ma. City of Town	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION O	rn Caunty State
22a. I certify that (I) (this bis in the deceased from June 10 , 19.66 , to May 1	2 . 19 60 . that (I) (was last
22a. I certify that (I) (this bis in ) attended the deceased from June 10, 19,66, to May 1 saw the deceased alive an May 12, 19,69, and that in (my) Kar) apinian death accurred causes stated above, (I) (mexidial interval) view the bady after death.	ed an the date and haur and from the
ELECTION STATE COURSES STATED GOODY, (1) Wextand May view the bady after death.	
saw the deceased alive an May 12 19 69, and that in (my) War) apinian death accurred causes stated above, (1) (mexidial interior) view the bady after death.  22b. SIGNATURE  DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	22c DATE SIGNED
DEGREE PHYS. DIRECTOR PHYS.	June 6, 1969
NAME (Type) Sebrau turo M.	MARIAM
22d. PHYSICIANS NAME (Type)  23d. BURIAL, CREMATION, REMOVAL, (Spec fy)  23d. LOCATION (City  Physicians  22d. Physicians NAME (Type)  23d. LOCATION (City  Physicians  Physicians  23d. LOCATION (City  Physicians	ar Town) (County) (Stute)
E E DULINI I IIII Y. LYDYI DULIMEV VALLEV CEMETAMI I ROLTIMA	re Co. Maryland
24 FUNERAL DIRECTOR ADDRESS 2Sq.1 REG.D BY REGISTRAR 2SS	b PEG STRAR S S GNATORE
William E. Johnson 8521 Loch Raven Blvd UN 1 1969	And Andrew



1 1		00450	DIVISION				'ARTMENT OF IN STREET, BAI	F HEALTH LTIMORE, MARYI	LAND 21201	
FOR STATE		08153						OF DEATH		_ 08151
HEALTH DEPT.		ECEASED NAME Type or Print)	First		Mide	die	Last		20. DATE KNOWN MO	onth Day Year 20-3199R
oy is 3 to age nt of			Charle		Н.	,		Jr	DEATH MATED 🗌 🥠	Une 270695 DM
deloy trment	3 5	X Male	4 RACE White	2/11/1		6 AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED DEA	D Year 2d. Hour
₹ <b>!</b> ₹!}ë	_	BIRTHPLACE (Stote		'b CITIZEN OF WI		51 YE	S. NEVER M	ADDIED A COL	INTY OF DEATH	1854 BF M
D 3		Balto.		USA	IAI COUNTRY			ORCED	555	Dagage "
oges A for		ITY OR TOWN OF		11 N	AME OF HOSPITA	L DR INSTITUTIO	IN (If not in hospita	120 USUAL DO	CCUPATION (Kind of work do	ane 126 KIND OF BUSINESS OR
INER: This certificate should be executed within 24 hours ofter death Try delay e certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office alange with form 1943 pagiles.  3 should be used as a bunal-transit permit. File pages I and 2 with the State Department notion, or removal, and in any event within 72 hours ofter death.		Towson,	Md.	g ye Gr	street pddress) eater E	Balto. 1	Med Centr	during most o	f working life, even if retire	Mechanical
s ofter 18. Give e olong 2 with deoth:		USUAL RESIDENC dmission) STATE	E (Where decease	ed lived, if institu	utian: Résidence	before 13c CII	Y OR TOWN	3d. INSIDE CITY LIM IS?	13e. STREET AND NUMBER	
715 ce o ce o d'2 w			Md.		Balto.		nkton	YES NO	Box 267 A	
hours Item Office I ond 2	14. ]	ATHER'S NAME	First	Middle		Lost	IS. MOTHER S MA		Middle	Sherman
h.n 24 hours of ned in Item 18. niner's Office of pages 1 and 2 w hours offer dec	16a	WAS DECEASED EVE	Charles ER IN U.S. ARMED F		166 SOCIAL SEC	TIRITY NO	Eliza	Deth	ADDRESS	oner men
executed within inding" in penal Medical Examine permit. File pagint within 72 hou	()	es, no, or unknow	n) (if yes give v	var or dates of service)				Tawney	Monkton, Md.	1
in 7			DEATH (Enter and EATH WAS CAUSED	y ane cause per l	ing for (a), (b).	090 (1)	1 8	7//	4-///	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted wif dding" in pe Medical Exor permit. File it within 72		PART . DE	EATH WAS CAUSED AMEDIA	BY CAUSE (c)	Disa	5/62	edby	bdor.	11/2/1/10	B. 194100
exe endi i Me it pe ent		8121			AS A CONSERU	ENCE OF				
d be d be Chief Tronsil		Conditions, if a		(b)						
should be e te word "per o the Chief ! burnoi-tronsit		stating the uni	derlying couse	DUE 10, OK	AS A CONSEQU	ENCE OF				
the shape of the form		_	IGNIFICANT CONDI	(c) TIONS CONTRIBUT	ING TO DEATH R	UIT NOT RELATE	TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)	
certificate writing the provided to so o movol, and	_	THE THE S	TOTAL CONDI			or nor neone.	TO THE TEMPONIE	DISCOSE ON COND.T.	or office in that 1(0)	
certification or world movo	CERTIFICATION	190. DATE OF OF	PERATION		19b. CONDITION	N FOR WHICH O	PERATION			20. AUTOPSY?
This icate, be fo	RTIF			1						YES NO 🗗
thiffic and b ould n, or	E E		CONTRIBUTING [	T HOURA	INJURY Month, I	/C.	21c. HOW INJURY (	OCCURRED (Enter net)	ere of in ary in Part 1 or Part	1 2, Item 18)
INER: 1 e certific should b files. 3 should otion, o	MEDICAL	CAUSE DE DEATH 21d INJURY OCC	URRED 21e 9	LACE OF INITIRY (	M. Vunes At home form.	street.	21f. LOCATION Street	et or RFD. No.	City or Town The	- CE Sounty D. Hastoner
		WHILE NO	T WHILE TOO	tory office building	9. 61()	/		1/50/1/12	Vike Nist	hot Bosley
				ak charge of t	he remains d	escribed aba	ve, held an Au		spection , Inquir	
MCAL E executor Popular Popula			sulted from?	Natural cau		ccident 🔄	Suicide	Hamicide [		
TY DIC, y, pleose e refail director ee retained (AL DIRECT prior to bu		ACTUAL	2/1		t ja	~	00 0	HEF MEDICAL EXAMIN		1
priv. p		-SIGNATURE	icai	401	-0	June	171.0	SSISTANT MEDICAL EXA	WHITEK	DATE SIGNED
O DEPUTY necessary, the funera 5 may be 0 FUNERA!		EXAMINER'S NAME (Type)	1/ha	Vloc	F.O'	17000	1/	EPUTY MEDICAL EXAM DDRESS(Street, city to		721169
TO DEPUT necessary the funer 5 may be TO FUNERA Health p	230	BLRIAL, CREMAT	ION, 23b	DATE	23c N	AME OF CEMETER	Y DR CREMATORY		LOCATION (City or Town)	(County) (State)
		REMOVALISHED		/30/69	St	. James	Cemeter		3: 11 7.1	
f \		FUNERAL DIRECTO		9 77		ADDRESS		25g RICD BY PS	GISTRAR 9 25b REGISTE	RAR SAIGHLIURLA &
VR A15ME (5) W 10M REV 1768	I.	tchell	Wiedefel	d Home	0500 Yo	rk Rd.		DATE	.555 //	U



-53			T.	tems1,12&15 FilmGl13 MARYLAND STATE DEPARTMENT OF HEALTH	
~)	-			/23/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00450
				tem23 Items#13a,b,c,d&e,FilmGlillCERHFICATE,OF DEATH	08152
	death.	- (	O(t	Marrie Middle Lost Do Do Do Date Of DEATH Month 6 Do	1/8 Yeor 69 2 75 M
			3. SE	The male white S. DATE OF BIRTH 6. AGE (In years last birthday) yrs	AF JADER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4	nour Sour		7o. E	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT POUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	24 hid in pers. 72 h			WIDOWED DIVORCED BALLIANOR	L Md.
پره سر	within 24 hours ely filled in by bon papers. Po within 72 hours	9	1	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
(1	executed within 24 and completely filled emove carbon pape only event, within 77	æ	13o. adm	USUAL RESIDENCE (Where deceased lived, if institution, Residence before ldc, CITY OR TOWN 13d INSIDE CITY LIMITS? 136 (OUNTY COUNTY COU	12/ State 144P.
	and care remo		14. F	ATHERS NAME First . Middle & Kast IS. MOTHERS MAIDEN NAME First 6315 Frenchice 1	ck St. losi Cole
	AN: The law requires that the death certificate be executed within 24 all or attending physician. Licate has been signed by the ottending physicion and completely filled in for use as the buriof-transit permit. Then please remove carbon paper Health prior to buriof, cremation, or removal, and in any event, within 72		160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates al service) 3/3-54-5672 + 7. Handen	Rn.
	cert Ther			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death cer ottending permit. The			PART 1. DEATH WAS CAUSED BY CORONORRY GOOLUSION -	seconds
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1/	the law rate and the state of the state of the state of the state of the solution of the state o	1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO SCAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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	hospital hospital s certification for the second fo		MEDICAL	OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify med col exominer) P.M. 19	
	De His		ME	21d. INJURY OCCURRED While Not white of work  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.  21f. LOCATION Street or R F.D. No. City or Town	County State
	by t fter fter be c State			22a. Certify that (1) (this hospital) attended the deceased from 7-6, 1949, to 6-78, 19	169, that (I) (we) lost
_	R: A uld			sow the deceosed alive an	ote and hour ond from the
	OR ATTENI be retained DIRECTOR: A je 3 should ed with the			22b SIGNATURE OF PROBLEMS TO STAFF 22c.	DATE SIGNED
	L OR be r DIRE			DEGREE PHYS DIRECTOR DIPHYS.	8-13-69
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be director, should be filed with the State.			122d. PHYSICIAN'S NAME (Type) COSGRJ. PellerunoMD. 278. ADDRESS Washing for Blud.	Baltill
	Page O Fun direct		230.	BURIA, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) REMOVAL (Specify) Cumberland, Mar	(County) (Stote)
	5-5 4	X	24	Rosehill Cometery Cumberland, Mar Urrial FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	
	VR ATS	68		FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., 21229  ADDRESS DATE JUN 2 0 1969	seed Judge



MAKTLAND STATE DEPAKTMENT OF HEALTH DATED DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08153 1 DECEASED-NAME Eirst Middle Last 20. DATE OF DEATH that the death certificate be executed within 24 frours after death. eath and (Type or print) Robert E. Taylor 6th 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF DRICKE 74 HPS last butberry) CAYS Male HOURS Caucasian 5/11/96 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and irrany event, within 72 ha (ountry)Virginia U.S.A. Baltimore County WIDOWED TX D. VORCED physician and campletely filled en please remove carban pape LO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Gen Hosp during most of working life, even if retired) give street godress) Randallstown Co. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMES? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Balto. NO TY 21207 Flannery 14 FATHER'S NAME First Middle lost IS MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no or unknown) burial, crematian, or remaval, Seibert, Admitting Office 18. CAUSE OF DEATH (Enter only one couse per me for (a), (b) one (y).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit Conditions, if dny, which gave ) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING (CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City of Town County White Not while of wark 22a. I certify that (I) (this hospital) attended the deceased frame 6-8 19 67, and that in (my) (our) opinion deoth accurred on the date and hour and from the saw the deceased alive oncouses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF DEGREE PHYS 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City of Town) (County) (State) REMOVA, (Spec, fy) WOODLAWN 24 FUNERAL DIRECTOR **ADDRESS** REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 V



0)		MAKILAND STATE DEFAKTMENT OF DEALTH	
	1	> 18161 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0815	
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deoth.	me	DECEASED-NAME (Type or pnot) A list of Death Month 6 Day 13 Year OF DEATH Month 6 Day 13 Year	25. HOUR 2:35
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he death cer ottending p permit. The		lid. LAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	PROXIMATE INTERVAL VEEN DISET AND GEATH
endi mit.	П	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) COUT COMMENCE At lung	month
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RECTOR: 3 should livith th	ш	22b. SIGNATURE / A AA.	
Die 3		DEGREE PHYS DIRECTOR STAFF D 6, 13	1969
oy og e fill		22d. PHYSICIAN S 22e. ADDRESS	
SPII 4 FR	_ ,	NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	
TO BOSPITAL Poge 4 moy TO FUNERAL   director, pog should be fil	230	io. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
5- 5- 5		Burial (Specify) 6/18/69 Moreland Memorial Park Baltimore, Md.	
VR A15 AN.	24.	FUNERAL DIRECTOR Schimunek Funeral HODRES 250, RECTO BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 3331 Brehms Lane 21213	
SOTTI REE, 1900	L	3331 Brehms Lane 21213   DATE N 1 7 1969   Italian Qu	edge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08162 08155 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20. DATE OF OFATH 25 HOUR The law requires that the death certificate be executed within 24 hours-after death (Type or print) Month 10:55 Dollie Mildred Thacker 969 June 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 3 YEAR JE LINDER 24 HRS last birthday) MONTHS Female White May 19, 1907 7e BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED physician and campletely filled in ten please remove carban papers. oval, and in any event, within 72 h WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR St. Joseph Hospital during most of work ne life, even if retired ) INDUSTRY, Towson own home event, 130. USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO X 948 Fairmount Ave. Towson Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Martha Hairfield 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (If yes give wer or dates of service) or removal, Family records none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Uncontrolled Diabetes Mellitus IMMEDIATE CAUSE (o) . burial-transit pem burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Infected Ulcers nse to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(6) ertificate has been s ed far use as the b af Health priar to b CERTIFICATION 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO T O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) director, page 3 should be detached shauld be filed with the State Dept. af 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram June 26 , 19 69 , to June 26 saw the deceosed alive on June 26, 1969, and that causes stated above, (1) (we) (did) (did not) view the body ofter deoth. \_\_\_1969, and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22r. DATE SIGNED **ATTENDING** June 26,1969 DEGREE PHYS **OIRECTOR** PHYSICIAN'S 22e ADDRESS NAME (Type) 7620 York Rd., Towson, Md. 21204 Nit Kunawongsa, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 23o BURIAL (REMATION Christian Cometenu Louisa 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE . 11

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1 ' 1		08163 DIVISION	MARYLAND ! OF VITAL RECORDS, 301 €	STATE DEPARTMENT		LAND 21201	
FOR STATE		00100		INER'S CERTIFICA			08156
HEALTH DERT.		CEASED NAME First			ost	2a. DATE KNOWN XXX Manth OF ESTI- DEATH MATED (	
~ = €¶ / €		CHARLES	N	THOMAS		DEATH MATED [ 6	4 19 69 8:40
nd 3	3 S		S DATE OF BIRTH		YEAR IF UNDER 24 HRS DAYS HOURS MIN.	2c DATE PRONOUNCED DEAD Month Day	2d HOUR S
any delay is 2, and 3 ta PM3 Page partmin		.Te   Colored   IRTHPLACE (State or foreign	11/5/46 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVE	TO MANDETO TO G	June 4	1969 B:40M
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orth ages h fo fote	10. (	Texas TY OR TOWN OF DEATH	U.S.A.			Balto. CCUPATION (Kind of work done	12b KIND OF BUSINESS OR
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13. de ol 12. w	<u> </u>	missian) STATE Texas	13K COUNTA	San Anton	YES NO	3310 "J" S	treet
Parlours after in 18. Giver's Office olong ges land 2 with us offer death.	14 1	ATHER'S NAME First	Middle		S MAIDEN NAME First	Middle	Lost
nch Zamou nch impound niner's Office pages I and haurs offer	160	Spencer Thom	ES 166 SOCIAL SEC	URITY NO. 17, INFORMANT	aple Mills	ADDRESS	
	()	as, na, ar unknawn) (If yes give		-6688 U.S. A			
d with per Exam Exam File n 72	- Y	IR CALISE OF DEATH (Enter on			THE TECCHOL	,	APPROX MATE INTERVAL
cute ng" dical mit withi		PART I DEATH WAS CAUSEI	ly ane cause per line far (a), (b), c > BY: LTE CAUSE (a)	Craniocerebra	al injuries		BETWEEN ONSET AND CEATH
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ould word he C he C any any		stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
sh to the burn d in			(c)	IV MOV BELATED VO THE YEAR	Alah Bugarasa an Sayara		
tCAL EXAMINER: This certificate should be executed within 14-flours after death sexecute the certificate, writing the word "pending" in penchin 18. Give Pages 1, for. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farmed for your files.  CTOR: Page 3 should be used as a burial-transit permit File pages I and 2 with the State Deburial, cremation, or removal, and in any event within 72 haurs after death.		PART Z, OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UI NUI KELAIEU IO IHE IEKMI	NAT DIZEASE OK CONDISC	ON GIVEN IN PART I(0)	
ertif worn worn sed oval	CERT FICATION	19d. DATE OF OPERATION		FOR WHICH OPERATION		<del>-</del>	20. AUTOPSY?
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MINER: This of the Certificate, 4 should be far ifles. e 3 should be usemation, or rem		21a EXTERNAL CAUSE WAS PRIMARY CAOR CONTRIBUTING	21b TIME OF INJURY Month, D HOUR A.M.	ay, Year 21c. HOW INJU	RY OCCURRED (Enter nati	are of injusy in Part 1 or Part 2, I	tem 18)
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the the ge 3 ge 3	2.	WHILE NOT WHILE TO AT WORK AT WORK	ctary, affice building, etc.)	Street, ZIT. EUCATION :	STREET OF K P.D. NO	mile N. of	Downs Rd
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Sony Uner		EXAMINER'S			DEPUTY MEDICAL EXAM		4, 1969
no DEPUTY BICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem	22	NAME (Type) Edwa	rd F Wilson M	D CONTRACTOR OF COUNTY	ADDRESS(Street, city, to		(6.1)
5 - + 2 5 - 1	230	BUR AL, CREMATION, 23b REMOVA, (Specify)	DATE 6/9/69 Ft.	ME OF CEMETERY OR CREMATO Sam Houston Cemeter	Natl.	n Antonio	(Caunty) (State)
	24	FUNERAL DIRECTOR HOWARD	County Funeral	ADDRESS ADDRES	2Sa REC D BY RE	GISTRAP 25b PHGYSTRARS	lexas MGNAPURE
VR A15ME (5) 10M REV 1/68			ke, Ellicott Ci		DATE	1303	La June



1		MAKYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
		00107	CERTIFICATE OF DEATH					08157	
death.		CEASED-NAME First ype or print) Fir	ank	Middle Thomas,	Lost	20. D	ATE OF DEATH  — A Manth Day	2b. HOUR	
et hours offer, drin by the lupers. Pages. 72 hours after	3 \$	male	4. RACE white		S DATE OF BII	ктн t. 5 <b>, 1</b> 903	6. AGE (In years just birthday) 65 YRS.	IF UNDER 1 YEAR F JNDER 24 HRS MONTHS DAYS HOURS MIN	
	เอบ	BIRTHPLACE (State or foreign atry) Penna.	76 CITIZEN OF WHAT COUNTY	V		CED Ba ]	timore	Me	
bon po within	Ca	TY OR TOWN OF DEATH	SPRI de	"GROVE S	OTION (If not in hospital STATE HOSP.	during most of w	AT ON (Kind of work done orking life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY	
bing PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the haspital ar attending physician.  After this certificate has been signed by the attending physician and completely filled in by the tuneral be detached far use as the burial-transit permit. Then please remave carbon papers. Pages, and State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death State Dept.	13o adm	USUAL RESIDENCE (Where deceoussion) STATE Md.	ed lived if institution Res d	lence before 13d	cty or town	YES NO NO	13e. STREET AND NUMBER 8303 Potor a	ac Avenue	
		ATHER'S NAME First Frank Thoma	M ddle s, Sr.	Last	15, MOTHER S MA	DEN NAME First Mary Puc	Middle ha	Lost	
	160	WAS DECEASED EVER IN L S ARI es, no_or unknown) (II yes ave y Y \( \omega \) 8	ar or dates of service)	-07-76	17. INFORMANT Record	ds: SPRING	GRO VE STATE	HOSPITAL	
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detache e Dept.	W	at work of wark	PLACE OF INJURY ( AT HOME, R OFFICE BUI				Cty or Town	County State	
Great Branch of the state of th		22o. I certify that (\$\mathbb{F}\) (the saw the deceased a causes stated above	live on Turned the strength of	<u> </u>	and that in (my	, 19 <u>59</u> , i ) (our) apinion de	a <u>154.4e 35</u> , 19 eath occurred on the do	, that (I) (we) los ate and hour and from the	
e 3 sho		22b. SIGNATURE Jalan	0 11R	,	DEGREE PHYS	G MED DIRECTOR	STAFF D 22c	DATE SIGNED - 28-69	
O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) RUL	ANDO VIE	五十五	22e. ADDR	ESS SPRING	GROVE STATE	HOS ITAL 1 21 228	
direct shout	23a	BURIAL, CREMATION, 23b. RENOVA (Specify) 7	/1/69	At.Oliv	etery or (REMATORY et Cem.	:18	OCATION (City or Town)	(County) (State)	
R A15 (4) M - 1/69	24	FUNERAL DIRECTOR Nall Home Inc.	ey's Funera	a JADDRESS M. Ma	Rainier ryland	DAJUL 3	1969 25b REGISTRARS	ACNAMONA	



_	MAKILAND STATE DEPARTMENT OF HEALTH								
1		08165	The state of the s	SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH					
deoth.		ECEASED NAME Type or print) Audin	a Elizabeth	Thompson	20 DATE OF DEATH  20 DATE OF DEATH  20 Month / 6 D	2b HOUR 37.05PM			
24 hours after deothed in by the fureral ppers. Pages 1 pp. 172 hours after parts	3 5	Devall	4. RACE White	s page of BIRTH august	6. AGE (In years last birthday)	MONTHS DAYS HOURS ALM			
24 hour	£00	of unia	7b. CITIZEN OF WHAT COUNTRY	B MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	Nd Md			
	10	montetors	11. NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If not in hospital line line line line line line line lin	ISUAL OCCUPATION (Kind of work done most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY Could School			
ate be executed within 24 hours icion and completely filled in by the lease remove carbon papers. Pagand in ony event, within 72 hours		JSUAL RESIDENCE (Where decease issuan) STATE	Id lived, if institution Residence before	Therefore Isd MSIDE CI	NO DE Carroll	Road			
be exe	14.	Pathers NAME First	wellione Though	is mothers maiden nam	Belle Middle	Dellast			
ertificate be physicion of physicion of phonese oval, and in		. WAS DECEASED EVER IN U.S. ARM (les, no, or unknown) (If yes give wi	ED FORCES?  If or dates of service)  16b. SOCIAL SECURITY  2/3 - 30 - 4	NO. 7/ 17. INFORMANT Sees List	Ella Em Address				
t the death c the ottending sit permit. Th		PART I. DEATH WAS CAUSED	y one cause per line far (a)-(b), and (c) BY: TE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF	ew of fac	buis	APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH  CHARLEST AND DEATH			
equires tho physician. signed by burial-tran burial-tran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE (	DR CONDITION GIVEN IN PART 1(0)				
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	190 DATE OF OPERATION 196.0	CASS ROLL	-	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING			
CIAN: Toital or chificote by for us of Heolfil	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (E	inter nature of injury in Part 1 or Part 2	?, Item 18.)			
p PHYSI the hosp this cer detoched e Dept. c	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	(7)	County State			
ENDING ned by 1 R: After uld be of the State		saw the deceased al	s hospital) attended the deceosive an	1927 and that in (finy) (aur)		9/, that (I) (we) last date and haur and from the			
OR AIT De retair NRECTO e 3 sho		22b. SIGNATURE was	to T. Kee	DEGREE PHYS.	MED. STAFF 222	DATA SIGNED			
SPITAL 4 may t IERAL D or, pog d be file		22d. PHYSICIAN'S NAME (Type) NAL	TERT. KEE	= S 22e. ADDRESS	ckey wille	md 21030			
Poge direct	230	BURIAL, CREMATION, REMOVAL (Specify)	10 60 00 2	CEMETERY OR CREMATORY					
VR A13 (47.)	249	FUNERAL DIRECTOR	3 retto / order		1 8 1969 SECULTAR	2 delyment			

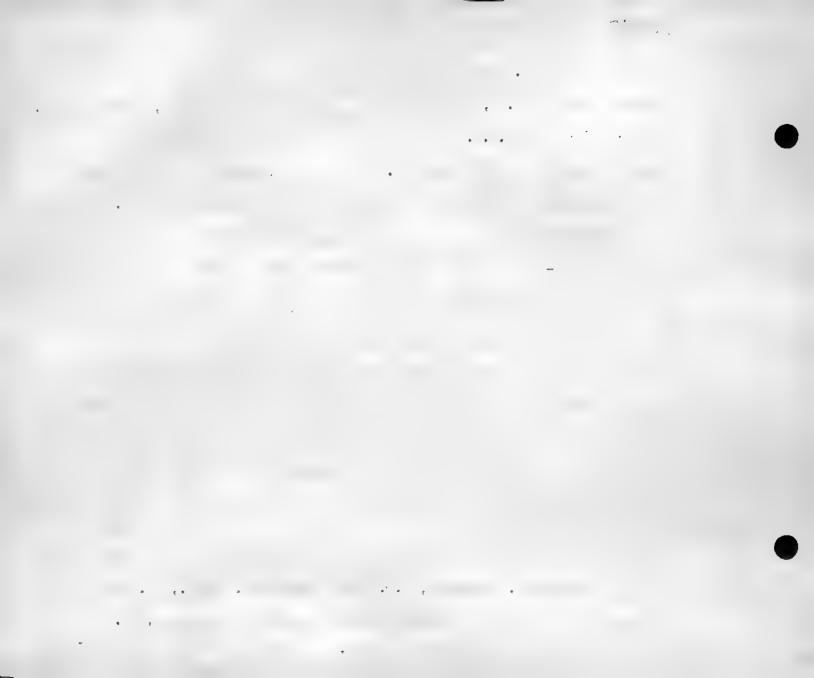


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED NAME First HFALTH DEPT. Middle lost 20 DATE KNOWN PAT Month Day Year (Type or Print) Ruth Thumm EST -June 22, 106 PM DEATH MATED 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER 24 HRS 3 SEX 2c DATE PRONOLINGED DEAD HOURS White. Nov. 29. Month June Day 22 Female Year PM 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH country) Penna. Baltimone W.DOWED IX DIVORCED [ OLCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR caminer's Office along with orgen Goldendon Drive Reisterstown during most of workind fife even if retired.) 13a USUAL RES DENCE (Where deceased lived, if institut ap, Residence before 13c, CITY OR TOWN 13d. ASIDE CITY LIMITS? 13e STREET AND NUMBER Reislerstourys TNOF Glyndon Irive admission) STATE Md. 13b COUNTY Balto. pencil in Item 18. pages land2 after Middle 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Last Snyler John Anna Schetter hours .6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Baltimore, Md. (Yes) pe, or unknown) 216-32-3130 Mr. Robert Douberty 3 e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (a)\_\_\_ Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF burial-transify farwarded to the Chief Conditions, if any, which gave rise to immediate cause (p). pluods writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SO remayal, nsed 190 DATE OF OPERATION 196. COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? none YES T NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 3 should PRIMARY OR CONTR BUTING HOUR A.M none CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f. OCATION Street or R F D Na City or Town County State WHILE NOT WHILE THE COLORY, office building, etc.) FUNERAL DIRECTOR: Page 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and in my apinian Natural causes \* Accident . Suicide Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6-23-69 DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health. Caples, M. D. 6 HanoverADRaysperRegionberstown, Md. NAME (Type) 23c NAME OF CEMETERY, OR CREMATORY nuid Ringe (emeter, 23a BUR AL (REMAT ON, // REMOVAL (Specify) 23d LOCATION (City or Town) Mil (County) (State) 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Eline & Sons Reisterstown, Ad.

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH  18167 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 00 1 0 4	08160
HEALTH DEPT.	1. DECEASED NAME First M.ddle Lost 20 DATE KNOWNE Month C (Type or Print) ATTIMA T MODES	Doy Yeor 2b HOUR
delay is ond 3 to M3. Page	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS 24 DATE PRONOUNCED DEAD	2d HOUR
	Female CAU Jan. 1, 1921 48 WARRIES NEVER MARRIED 9 COUNTY OF DEATH	Yeor 19 1:30 M
M Sep	(Ountry) North Carolina U.S.A. WIOGWED DIVORCED Baltimore	Md
hours after death any tem 18. Give Pages 1, 2, Office along with farm P and 2 with the State Depo	duting most of working life, even if retired.) It	26 KIND OF BUSINESS OR IDUSTRY
s after (along with the	130. USJAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c. CITY OR TOWN 13d MISIDE CITY DW 15? 13e. STREET AND NUMBER	Home
hours a Mem 18. Office a and 2 w	odm ssion) STATE Maryland 13b. COUNTY 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
/ ;	Steven Miller Bertha Burlson	1021
within 24 percent has some in pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (f yes give war or dates of service) 243 30 6954 Fredrick Todd Same	,
	In cause of pearly (1) and (1) and (1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed 'in' chief Medical E' fransit permit. F	PART I DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	340
- 4 G -	Conditions, if only, which gove is to immediate couse (a).  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te sha the w I to th a buria	lost.   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certificate writing th rwarded t ised as a l	William To V Challe	
This certificate icate, writing the be farwarded to die used as a bar remayal, and	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  121b. TIME OF INJURY Month, Doy, Year  121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	2D. AUTOPSY? YES NO X
d by d by d by d by d by d	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY At home form street 21f. LOCATION Street or R.F.D. No. City or Town	n 18.)
	21d INJURY OCCURRED  WHILE AT WORK AT	County State
L E) Gettu Page for y Rep	22a. I certify that I took charge of the temp as described above, held on Autopsy . Inspection . Inquiry	and in my opinion
please e director retained DIRECT	death resulted from Notural causes Accident , Suicide , Homicide , Undetermined manner	
Pri	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	CHED 7/69
ro DEPUTY necessary, the funera 5 may be ro FUNERA	EXAMINER'S NAME (Type) Theodore C. Patterson, M.D. 3427 During Tking Avis. tow Rail tow. Md. 212	22
101 Feb 6	230 BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (City or Town)	County) (State)
VR A15ME [5]	Pruzdzinski Funeral Home 1407 Eastern Ave.    Gardens of Faith Cemetery Baltimore, Md.	SNATURE
10M REV 1/68"	The contract of the contract o	0 "32"



agib <sup>T</sup>	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		08163 CERTIFICATE OF DEATH 08161
	death.	T DECEASED NAME (Type or print)    Deceased Name
	the safter safter	3. SEX 4. RACE S DATE OF BIRTH Caucasian 11-10-1918 6. AGE (In yeors IF UNIORE 17 HEAR IF UNDER 24 HRS IN UNION OF THE PROPERTY OF THE PROPERT
	d in by the pers. Page 72 hours.	70 BIRTHPLACE (Stote or foreign country) Maryland U.S.A.   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH   Baltimore   Baltimore
	vithin 24 I	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during grost of working life, eyen if refired)  12. KIND OF BUSINESS OR during grost of working life, eyen if refired)  13. KIND OF BUSINESS OR during grost of working life, eyen if refired)  14. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during grost of working life, eyen if refired)  15. KIND OF BUSINESS OR LIFE STATE STA
	completely f	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)   STATE   Maryland   13b (OUNTY Baltimore   13c (ITY OR TOWN   13d INSIGE (ITY IN TS?   13e STREET AND NUMBER   1914 Brookdale Road
	and comme in any eve	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  Joseph Torosino Sarah Cecelia DeMarco
	ificate nysician n pleas al, and	160 WAS DECFASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17 INFORMANT   Address   Yes no, or unknown)   (If yes gave, way or doltes of service)   218-14-6698   Mrs. Josephine Torosino 1914 Brookdale Rd.
requires that the death certificate be executed within 24 haurs after death a physician.  I signate by the attending physician and completely filled in the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 5 burial, cremation, or remaval, and in any event, within 72 hours after death	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, if any, which gove rise to immediate couse (c), storting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
7	rsician: The law re aspital ar attending certificate has been hed for use as the for after to it of Health prior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 1210. HOW INJURY OCCURRED (Finise nature of injury to Port 1 or Port 2. Item 18.)
	SICIAN: spital ar entificate ed far u	G (If either, notify medical examiner)    OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Day Year   19
•	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. of Heal	While Not while of work of wor
		74. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR S SIGNATURE
	JOM REY THE	Wm Cook-Brooks Towgon 1050 York Road 21204 NOTUN 2 4 1969



	7	1				EPARTMENT OF HEA		
	1		08169	DIVISION OF VITAL RECORD		TE OF DEATH	UKE, MAKTLAND 21201	08162
	de de	i. C	ECEASED NAME Type or print)  Art	then F,	Tra	ger/	20 DATE OF DEATH  JUNE Month 2 9 Day	
	A hours after death.  The state of the force of the state	3. \$	male	4 RACE White	8	DATE OF BIRTH	6. AGE (In years last hirthday)	IF UNDER 1 YEAR F _ NDER 24 HRS MONTHS DAYS HOURS MIN
	A hours	7a.	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHAT COUNTRY? $U-S$ , $A$	W-DOWED:	DIVORCED	COUNTY OF DEATH  Balting ore	Md
	within 2 ban app within		CITY OR TOWN OF DEATH  Cattons VI			in haspital 12a. USUAL C Licensia / Haspiting mast	OCCUPAT ON (Kind of work dane of working life, even fretired)	12b. KIND OF BUSINESS OR INDUSTRY
	and completely composed to and completely composed carban in any event, with	13a, adm	USUAL RESIDENCE (Where decea issian) STATE	13b COUNTY BAITO	CA TONS	OWN 138 INSIDE CITY LIMITS TIKE YES NO		The
	be exe		FATHER'S NAME First	Middle Las	1 15 /	MOTHER'S MA.DEN NAME First	Middle	Last
	ert ficate bill physician c ten please aval, and it	Ióo	WAS DECEASED EVER IN U.S. ARI (es. na, ar unknown) (If yes give v	MED FORCES?  Med or detes of service;  Med Arterican 2.15-16		Chait Chait	Address	
	at the death c the attending nsit permit. The mation, ar rem		PART I. DEATH WAS CAUSE IMMEDI Landitions, if any, which gave use to immediate cause (a). Stating the underlying cause last	DUE TO, OR (A)S A CONSEQUENCE	OF OF		TITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
1/2	is the law requires the ar attending physician. The has been signed by use as the burial-trained the priar to burial, and the priar to burial, and the burial of the burial.	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS		20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached far use as the should be filed with the State Dept. af Health priarr	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTR BUTING ☐ CAUSE OF DEA (If either, natify medical exami	H HOUR A.M. Manth Day Yener) P.M.	ear 19		ture af injury in Part 1 ar Part 2, I	lem 18.)
	G PHY: the has r this ce detach te Dept.	₩.	at wark at wark	PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.		1	City ar Tawn	Caunty State
	TENDING ined by OR: After ould be the Stat			is haspital) attended the dece live an			L, to <u>6/23</u> , 19 in death accurred an the da	(b), that (l) (we) last te and have and from the
	OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22b SIGNATURE	e to	Mus DEGREE	ATTENDING MED. PHYS DIREC	STAFF C	29/6 9
	O HOSPITAL OR ATTENDE Page 4 may be retained O FUNEAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S E K	ASAITI'S, L		22e ADDRESS LSOIF ZEO	Certi Ris Bal	En williggs
	Page 10 Ful direct	E	BURIAL, CREMATION, 23b. REMOVAL (Specify)	13/69 Balt	of cemetery or cr timore Ma	tional Cem	Baltine	(County) (State)
	VR A15 (4) 45M 1/69	24.	FUNERAL DIRECTOR	bl- 301 Fred	enck Rd	250. REC'D BY R	to min di	

Mr. Trager had been in Summitt Nursing Home, Catonsville for the past 15 years. He had no relatives and there is no record of his previous residence.

4 . 1.	08170 DIVI	ISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH		08163
reoth.	DECEASED NAME First (Type or print)  Dwight	Middle	lost Trent	June Month 14 Day	69 Year 2b. HOUR
s of fee	3 SEX 4 F	RACE White	S DATE OF BIRTH September 7,	6. AGE (In years lost) birthdoy) SA YRS.	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
24 hour d'in by pers. P	rennessee I	T.ZEN OF WHAT COUNTRY?  J. S. A.		9. COUNTY OF DEATH Baltimore	Md
e executed within 24 ho and completely filled in Eremove carbon popers.	10. CITY OR TOWN OF DEATH Eldersburg	11. NAME OF HOSPITAL OR INS	1 during	AL OCCUPATION (Kind of work done of a creating fe, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY BAPTIST
tomple complete to yevent	130. USUAL RESIDENCE (Where deceosed live odmission) STATE Md.	Baltimore	Bidersburg -	□ Box 5 Rt. 1	
on and in an indicate in the second of the s	14. FATHER'S NAME First  David	Middle Lost Trent	15 MOTHERS MA DEN NAME F		Brook
ernficate b physicion ien please oval, ond i	160 WAS DECEASED EVER IN U.S. ARMED FOR Yes, no, or unknown) (If yes give year or date	219-16-98	73 Mrs. Dolores N	Morrow Rt. 1 Box	#5
ot the death control the attending sit permit. The mation, or rem	Conditions, if any, which gove		matoris - pre	men colon	BETWEEN ONST AND DEATH
he law required and the law required and phy hos been sign e os the burith prior to burith	*	S CONTRIBUTING TO DEATH BUT NO ON FOR WHICH OPERATION WAS PER	OF RELATED TO THE TERMINAL DISEASE OR CORRECT TO TH	206 IF YES, WERE FINDINGS C	ONS DERED IN CERTIFYING
YSICIAN: 1 nospital or certificate for us the for us pt. of Health	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 OF INJURY (AT HOME FARM STREET FACT OFFICE BUILDING, ETC.	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	County State
OR ATTEN OR ATTEN DIRECTOR: /	While of work  22a. I certify that (I) this has saw the deceased alive a causes stated above. (I) (22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	pital) attended the decease  n 3 1  we) (did) (d d not) view the t	d from 19 (aur) api 9 69, and that in (my) (aur) api pady after death.	S, ta J Come 14, 19 man death accurred an the da	
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag	230 BURIA (REMATION, 23b DAYE REMOVAL (Specify) June 1	16, L969 Lake Vi	EMETERY OR CREMATORY Lew Cemetery	23d LOCATION (City or Town)  Sykesville, Ma:	(County) (State)
VR AISTAN	24. FUNERAL DIRECTOR  Loring Byers Chapel	ADDRESS	250 RECD B	Y REGISTRAR 256 REGISTRAR S	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08164 CERTIFICATE OF DEATH deoth. 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Month WELFORD CORNELIUS TURNER .TUNE 30 PM 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years lost birthday) HOURS 10/4/25 MATE NEGRO 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED [ U.S.A. MARYLAND BALTIMORE event<sub>a</sub> within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done requires that the death certificate be executed within 12b KIND OF BUSINESS OR g ve street address) during most of working (fe, even firetired) please remove carban INDUSTRY FORT HOWARD VETERANS ADMIN. HOSPITAL PARKING ATTENDANT CARAGE 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13a INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STATE MARY LAND 186, COUNTY YES NO NO BALITIMORE 2412 LAKEVIEW AVENUE and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost TURNER CORNELIUS RITZABETH KOMINEDY signed by the attending physicion burial-tronsit permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ulizabeth 16b. SOCIAL SECURITY NO 17 INFORMANT ravette Yes, no, or unknown) (If yes give wor or dates of service) or removal. WWIT 218 12 2661 CLINICAL RECORDS, VAH. FT. HOWARD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH METASTATIC CARCINOMA OF THE LUNGS PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave } rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying couse( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 ertificate hos been s ed for use os the b c of Health priar to b Poge 4 may be retained by the hospital or attending CERTIFICATION 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no YES [ NOX TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt 210 ACCIDENT WAS UNDERLYING 2ic HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Yeor (If either, notify medical examiner) 2 d INJJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State While Not while of work causes stated above, (12 (we) (did) (did) view the bady after death. 22b. SIGNATURE ATTENDING STAFF PHYS DIRECTOR 22d PHYSICIAN'S 22e ADDRESS ERHARD J. BUNYOR, M. D. NAME (Type) VAH. FT. HOWARD, MD. 23c, NAME OF CEMETERY OR CREMATORY BALTIMORE, MARYLAND 23a BURIAL, CREMATION 23b. DATE (Stote) BALTIMORE NATIONAL REMOVE TREETY) 6-13-69 24. FUNERAL DIRECTOR KELSON FUNERAL HOME 250. REC'D BY REGISTRAR Bailey----13).8 W. Galhoun St. Baffimore,





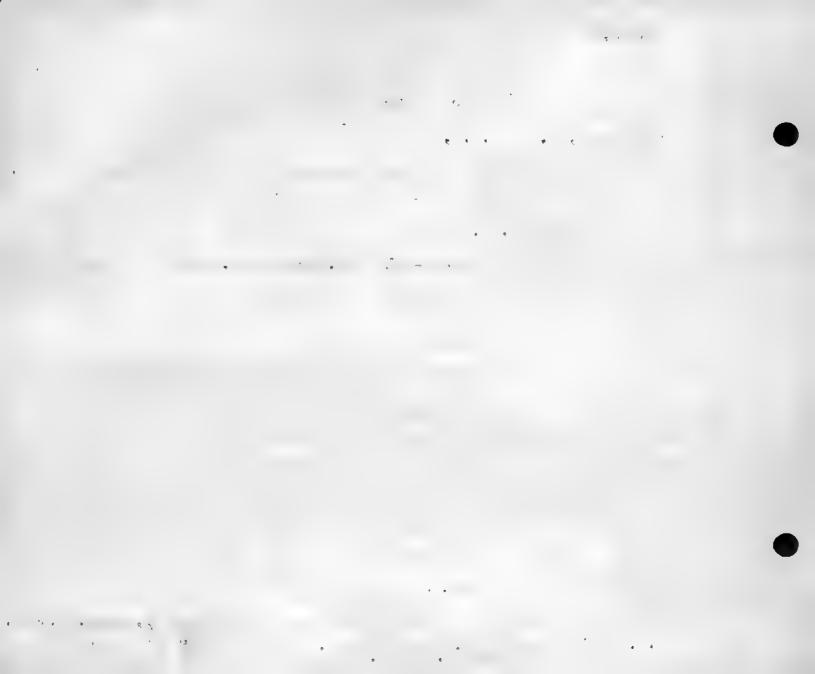
Temate While Dec 8 1111 44 YRS	Year Yo HOJR
HEALTH DEPT.  1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy OF ESTI- OF ESTI- DEATH MATED (1/2)	Year Yo HOJR
= 2 % 5 (Type or Print) TSessie A. Wagenfuelier Death Mated 6/29	- 1.2
Female White Dec 8 1924 44 YRS DAYS HOURS MIN MORTH Doy	9 189 4 M
Female While Dec 8 1917 44 YRS 6 29	Yeor 2d HOUR
	1969 /1149
70 BIRTHPLACE (State or foreign   76 CIT ZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   13 A 110	
Country) TSAITO CO USA WIDOWED DIVORCED T3AITO	Md.
COUNTRY) TS A TO COUNTRY  10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b during groot of working life even if romea.)  130 USUAL RESIDENCE (Where deceased lived, if institution Res dence before 13c. CTY OR TOWN 13d MISIDE CTY LIMITS 13d. STREET AND NUMBER	KIND OF BUSINESS OR STRY
130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. (TY OR TOWN 13d MISDE CTY LMISS) 13e. STREET AND NUMBER	
on so	ey Ra
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18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove  (b)	
IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove  (b)	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
196. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?	an A. Toncya
190. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. TIME OF IN. JRY Month, Doy, Year  190. DATE OF OPERATION  WAS PERFORMED?  210. HOW INJURY OCCURRED (Enter not Jre of njury in Port 1 or Port 2, Item 18  190. DATE OF OPERATION  190. DATE OF	20. AUTOPSY?
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210 EXTERNAL CAUSE WAS 216 TIME OF IN. JRY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter not are of njury in Port 1 or Port 2, Item 18 PRIMARY OR CONTRIBUTING PRIMARY OCCURRED P.M. 19 2 d Injury occurred 19 P.M. 19 2 d Injury occurred 19 P.M. 19 2 d Injury occurred 19 P.M. 19	,
CAUSE OF DEATH P.M 19  2 d Noury Occurred 21e Place Of Noury (At home, form, street, 21f LOCATION Street or R F D No. City or Town Co	unity Stote
E = 4 5 0 0 White O HOT WHILE OF foctory, office building, etc.	/
22a. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection Inquity ,  death resulted from: Notural crosses, Accident , Suicide , Homicide Undetermined manner	and in my opinion
22a. I certify that I took charge of the remains described abave, held an Autopsy   , Inspection   Inquity   , death resulted fram: Notural cooses, Accident   , Suicide   , Homicide   , Undetermined manner   ACTUAL SIGNATURE   SIGNATURE	
death resulted fram: Notural cooses. Accident  , Suicide  , Hamicide  , Undefermend manner    CHIEF MEDICAL EXAMINER    ACTUAL   ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL    ACTUAL	, ,
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SIGNATURE  SIGNATURE  M D  ASSISTANT MEDICAL EXAMINER  DEPLTY MEDICAL EXAMINER  NAME (Type)  ADDRESS(Street, city, town or county)  230 BUR AL CREMAT ON, 23b DATE  23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town)  (Cour	/ /
BEMOVAL (Specify),	(Stote) (Ytr
	TLDF
24 FUNERA, DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 S.GNA	



_	1			D STATE DEPARTMENT OF H		
		08174		301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH	MORE, MARYLAND 21201	08167
€ =2€		ECEASED NAME First Type or print)	Middle	Last	2a. DATE OF DEATH	2b. HOUR
death. meral and 2 r death.		Lydia	E. Wahl		June Month 23, Day	69 Year 4 A M
Ē	3. SI	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.N.
	<u> </u>	FEMALE	White	May 2, 1917	10st birthday) 52 YRS	MONINS DAYS HOURS MIN
	70 cau	BiRTHPLACE (State ar foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	. COUNTY OF DEATH	
illed in 24 Paper	L	St. Marys Co.Md		WIDOWED DIVORCED	Baltimore Count	<b>y</b> Md.
E 4 7	10 (	Randallstown	11 NAME OF HOSPITAL OR INS give street address) Box 280 Inwo	od Rd. 120 USDA.	OCCUPATION (Kind of work done staf warrings life, even fretired)	125 KIND OF BUSINESS OR INDUSTRY
ecuted will campletely eve carbar event, w.	13a adm	USUAL RES DENCE (Where decease	ed lived, if institut an Residence betare	13c CITY OR TOWN 13d INSIDE CTY LIM Randallstown YES NO	13e STREET AND NUMBER	d Rd. 21207
ne vert	14	FATHER'S NAME FIRST	Middle Lost	IS MOTHER'S MAIDEN NAME FIR		
physinan and cone physinan and cone nem please rum naval, and in any	179,	G. Henry		Laura		Tayler)
order inte	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY I	IO. 17 INFORMANT	Address	
ohys		es, no, or unknown) (1 yes god wo	216-10-125	7 Mr. Walter F. W	ahl Box 280 Inwo	
that the death certifi an. by the attending phy transit permit. The		18 CAUSE OF DEATH (Enter onl	y ane cause per +ne far (a), (b), and (c)	. / .,		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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att perit		174X	DUE TO, OR AS A CONSEQUENCE OF		0 *	
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t in by in a		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	al al al a test		
equires that the death physician. signed by the attendiburial transit permit. burial, cremation, ar r		DADT 2 OTHER CICHERCENT CON	(c) with wide	OT RELATED TO THE TERMINAL DISEASE ORCO	AIRTIAN AND MARKAGE	
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ow ndin	NO	.90 DATE OF OPERATION 119b. (	ONDITION FOR WHICH OPERATION WAS PE	REORMED 200, AUTOPSY?	20b. IF YES, WERE FINDINGS CO	UNCUDED IN CEDALCAING
he other has	CERTIFICAT	_	,	YES NO TO	CAUSES OF DEATH?	DISTOCATO IN CERTIFICA
or o or o or o or o or o or o		210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Enter	nature of niury in Part 1 or Part 2. I	tem 18)
CCA if all if for	):CAL	OR CONTRIBUTING CAUSE OF OFATH				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital or attending physici To FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial should be filed with the State Dept. af Health priar to burial,	MED		- /	TORY.) 216 LOCATION Street ar R.F.D. No.	City or Tawn	County State
ING by the terrible of the property of the pro			schosphild), attended the decease	d from 3/24/69 19	, ta6/19/69_, 19_	, that (i) state) lost
END ed bed k Id k he S		saw the deceased all	Scholphad) attended the decease ive on 6/19/69 1 (I) (vge) (did) (vge) view the l	9, and that in (my) <b>\$130</b> 1) opin	ion deoth accurred an the da	te and hour and fram the
ATT ATT Sharp if the trial of t		22b. SIGNATURE	(i) (Me) (aid) (descend view tile i	Jody Giler dealin	22/ [	DATE SIGNED
OR Se re re d w		0.4	Daniel M.D.	DEGREE PHYS DIR	ECTOR PHYS	6/23/69
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type) Jo	hn J. Darrell, M.I	226 ADDDESS	y Rd., Randallst	
A n A n NER tar,						oomij Hus
HC age FU direct	23o	BUR AL CREMATION, 236 D PEMOVAL (Specify) Jun	- 2/ /0	EMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
P 2	24	Burial June FUNERAL DIRECTOR	ADDRESS	m Cemetery	Woodlawn Maryla REGISTRAR 25b REGISTRAR 5	nd Balto Co.
VR A15\\4\)	LT			Randallstown DATUN 2		En Jardae
1100.			OLSO TITHELITY IN	TOTICOTTO OCATÍ DECALL D	11 10001	THE THE PERSON NAMED IN

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/ 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
COD CTATE		08175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3168
FOR STATE HEALTH DEPT.	1 D	ECEASED-NAME First Middle Lost 20, DATE KNOWN Month Do	y Yeor 2b. HOUR
		Type or Print)	7,1969 5:58 MP
Poge is	3 SI	EX 14 RACE   S DATE OF BIRTH   6 AGE (In years   1 UNDER 1 YEAR   1 UNDER 24 HRS   20 DATE PRONOUNCED DEAD	2d HOUR
2, and 3 1 PM3. Pog	M	Tale White 8/2/1896 72 YRS MONTHS DAYS MOURS MIN Month June Doy 7,	Yeor 69 5:5%P
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 7. COUNTY OF DEATH	
arm arm	(0U	Baltimore, Ma. U.S.A. WIDOWED DIVORCED Baltimore	Md
After death  8. Give Pages 1, along with form with the State De	10 €	ITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	L KIND OF BUSINESS OR
ter de Give l ang w th the		Towson Greater Balto, Medical Center Executive-Warner	Paper Co.
The state of the s	130	USUAL RESIDENCE (Where decessed lived, if institution: Residence before 13c. C TY OR TOWN  dmission) STATE Maryland 186 COUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1000
foursafte Then 18, 00 Office alon Tand 2 with	_	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
Hoursetter death Item 18 Give Pages Office along with for land 2 with the State after death	14 [	The state of the s	lvin
hin 24 ncil in níner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
certificate shauld be executed within 24 writing the ward "pending" in pencil in inwarded to the Chief Medical Examiner's used as a bunal-transit permit File pages moval, and in any event within 72 hours	G	(es no, or unknown)   (il yes give war or dates of service) 214-01-7919 Mrs . Margaret K. Warner (	Same)
should be executed wite ward "pending" in per the Chief Medical Exanurual-transit permit File in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" i Medical permit the within		PART I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease	
exe andii Me t pe t to		DUE TO, OR AS A CONSEQUENCE OF	
be "p		Conditions, if any, which gave a rest to immediate course (a).	
should be en word "per to the Chief I burnal-transit I in any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
She y		lost. (c)	
ficate ing the ded t as a l. and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rriffi rriffi ward ward	TON	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for	CERTIFICATION	WAS PERFORMED?	YES K NO
KAMINER: This certificate should be executed within 24 te the certificate, writing the ward "pending" in pencil in get 4 should be forwarded to the Chief Medical Examiner's your files.  age 3 should be used as a burnal-transit permit file pages crematian, ar removal, and in any event within 72 hours		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem	1B.)
ER: certi could es. shou jian,	MFDICAL	CAUSE OF DEATH P.M 19	
MIN the 4 sh rr fill e 3 s	業	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while one white of the place of	County State
13 5 5 ° ° ° ° .		AT WORK AT WORK	
bical Execut director. Pag director, Pag estained for y DIRECTOR: P		22a. I certify that I taak charge of the remains described above, held on Autopsy 🔀, Inspection 📋, Inquiry 🛄,	and in my opinion
please e please e I director retained I DIRECT for to bu		death resulted from: Natural causes 😿 , Accident 🗍 , Suicide 🗍 , Hamicide 📗 Undetermined manner	٦
Try blease y, please eral direct be retaine & AL DIRECT prior to b		ACTUAL CHIEF MEDICAL EXAMINER (SCHAPTURE MD) ASSISTANT MEDICAL EXAMINER (226 DATE SIG	GNED
Z Z D D Z Z		SIGNATURE DEPLIES AND	/69
necessary, p the funeral 5 may be n TO FUNERAL Health prior		EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  ADDRESS(Street, City, town, or county)	
nece the S m Fed Heal	230	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	ounty) (State)
		Burial 6/10/69 Druid Ridge Pikosvillen Pal	to More Md.
VR AT SME (5)	24	H.W. Jenkins & Sons Co. 4905 York Rd.	in frequence
10M REV 1/68		H.W. Jenkins & Sons Co. 4905 York Rd.	



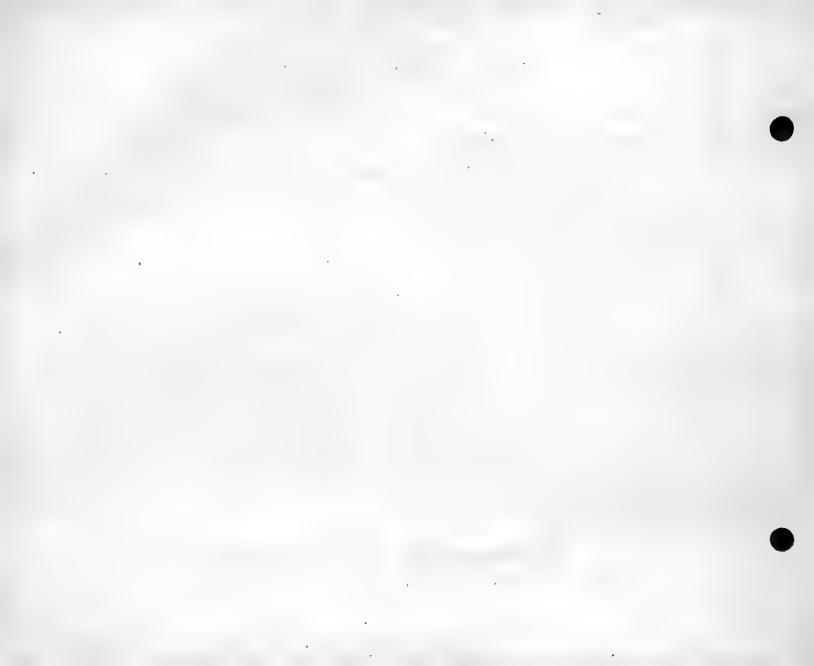
-\ / 1			STATE DEPARTMENT OF HI		
1 %	08176	*	801 W. PRESTON STREET, BALTII ERTIFICATE OF DEATH	MORE, MARYLAND 21201	08169
	DECEASED NAME First (Type or print)  WILLTA	Middle	VATKINS	20. DATE OF DEATH 6 Month 19 Doy	69 Year 8AM M
3. 3	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF LINDER 1 YEAR   IF LINDER 24 HRS. MONTHS DAYS HOURS M.N.
20	MALE BIRTHPLACE (State or foreign   7	CAU  b. CITIZEN OF WHAT COUNTRY?	7-19-01	COUNTY OF DEATH	
cou	Maryland Maryland	USA	WIDOWED DIVORCED	BALTIMORE	Md
	CITY OR TOWN OF DEATH  BALTIMORE MD.	11 NAME OF HOSPITAL OR INST give street oddress) 21204 GR. BALTO	MED CENTER during Food	OCCUPATION (Kind of work done stot working life even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
13o adn	. USUAL RESIDENCE (Where deceosed nission) STATE Md.	lived, if institut on: Residence before 13b COUNTY	Baltimore   13d. INSIDE CITY LIM  Baltimore   YEST NO	TS? 13e, STREET AND NUMBER	Street
14.	FATHER'S NAME First Howard	Middle Lost W. Watkins	Is. MOTHER'S MAIDEN NAME FIR	st Middle M	IcDonald lost
	D. WAS DECEASED EVER IN U.S. ARMEE Yes, no, orugknown) (If yes give word			ham Address	(Same)
	DART I DEATH MAC CALICED I	ane cause per line far (a), (b), and (c) )	OF DOESEN	The district of the state of th	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1MMEDIATE	CAUSE (a) SHORTNESS  DUE TO, OR AS A CONSEQUENCE OF			
	rise to immediate cause (o),	(b) HEART FA	ILURE, DIABETES		
	stating the underlying couse lost.	(c)			
		TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(o)	
CERTIFICATION	190. DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
		21b TIME OF INJURY HOUR A.M. Manth Day Yeor	21c. HOW INJURY OCCURRED (Enter		Ifem 18.)
MEDICAL	21d INJURY OCCURRED 21e Pl While Not while at work	P.M. 19 ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f LOCATION Street or R F.D. No.	City or Town	Caunty State
	22a. I certify that (I) (this	haspital) attended the decease	5/25 6 frem 19	9 6/19 19	69 , that (I) (we) last
	saw the deceosed oliv couses stated obove, 22b. SIGNATURE	(I) (we) (did) (did not) view the b	ody ofter death.	ion death occurred an the do	DATE SIGNED
	1 Mo	erasaui, M		D. STAFF EX ZZC.	6/19/69
1	22d. PHYSICIAN'S M. MO	USSAVI M.D.	22e. ADDRESS Great	ter Balto. Medica	al Center
230		23/69. New Ca	thedral Cemetery	23d LOCATION (City or Town) Baltimore, Mo	(County) (State)
24	funeral director Leonard J. Ruck,	Inc. Balto. Md.	21214 250. RECD BY		Signature sign



2/ 1 1	1		MARYLAND :	STATE DEPARTMENT	OF HEALTH		
FOR STATE		08177		NINER'S CERTIFICA	TE OF DEATH	0	8170
HEALTH DEPT.		CEASED-NAME Firs	MA A S	lvaTTS	of .	2a. DATE KNOWN Month OF ESTI- DEATH MATED JUNE	Day Yeor 25. MOUR  = 27 1969 6 P. M
delay is 3 to P ge	3 SE	X F 4 RACE	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YE lost birthday) MONTHS DE 3 YRS.	EAR IF UNDER 24 HRS AYS HOURS ANN	2c. DATE PRONOUNCED DEAD Manth, Day	Yeor 1964 7 P. M
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Poges will fo	10. (	TY OR TOWN OF DEATH  ESSEX	11 NAME OF HOSPITA	AL OR INSTITUTION (If not in has	o tol 12a USUAL OC	CUPATION (Kind of wark done	126 KIND OF BUSINESS OR INDUSTRY
VORE, Md s after d 18. Ge e olong d 2 with the	130		13b. COUNTY BALTE	before 13c CITY OR TOWN	YES NO S	13e STREET AND NUMBER 714 EAS	TERN BLUD
ALTIN hour liter Office lond	14 F	ATHER S NAME First	MEFARLAND		MAIDEN NAME First	Middle WILL/	19 M S.
hour		VAS DECEASED EVER NUS ARMED es, na, or upknown) (If yes gov	PFORCES? +6b SOCIAL SEC	URITY NO. 17 INFORMANT  BOYO	WATTS	ADDRESS A BO	
V. PRESTON be executed "pending" i nief Medical ansit permit.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS)  A Canditions, if any, which gove rise to immediate cause (o), stoting the underlying cause last	nity ane couse per line of (a), (b), ED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQUIATE TO, OR AS A CON	ENCE OF	Cardin -	vascula de	APPROX MATE INTERVAL BETWEEN ONSET AND OEATH
shi shi o ti	×		DITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	
	TIFICATIO	19a. DATE OF OPERATION	196_CONDITION WAS PERI	N FOR WHIGH OPERATION ORMED?			20. AUTOPSY?  YES NO D
	DICAL	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M	10	`	ire af injury in Part 1 ar Part 2, I	
DIVISION O EXAMINER: cute the certi age 4 should ryour files. Page 3 shou tremotion,	N.	AT WORK AT WORK	PLACE OF INJURY At home, farm, factory, office building, etc.)		treet ar R.F D. No.	City or Town	County State
MEDICAL EXA MEDICAL EXA please execute director. Page cretained for you DIRECTOR: Pag		22a. I certify that I death resulted fram:	toak charge of the remains of Natural causes		], Hamicide [	spection , Inquiry L , Undetermined manner	
DIVIS  O DEPUTY MEDICAL EXAM necessary, please execute th the funeral directar. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	1	ACTUAL SIGNATURE	Brand	M.D.	CHIEF MEDICAL EXAMIN  ASSISTANT MEDICAL EXAM  DEPUTY MEDICAL EXAM	AMINER 22b DAT	ESIGNED/CA =
ro DEPUTY necessary, it the funerol 5 may be r 10 FUNERAL Heolth prio	<b>2</b> 3a	EXAMINER'S NAME (Type)  BURIAL, CREMATION, 231	~ / . /	D-1800 M	ADDRESSISTIPET. UNGTO	LOCATION (City or Town)	(Caunty) (State)
0.	24.	REMOVAL (Specify)  SUARIAL  FUNERAL DIRECTOR	7/1/69 01	ADDRESS	2Sa REC'D BY RE	BALTO.  GISTRAR 256 REGISTRAR'S	M P. SIGNATURE
VR A15ME (6)		J.G. CONN	VELLY SONS	300 MA	CE MIL 3	1969 Jeliant	as Judge



_ 1	08178	DIVIS		DS, 301 W. PR		IMORE, MARYLAND 21201		
I temp .				CERTIFICA	TE OF DEATH		08171	
ely Filled in by the foreral bon-papers. Pages 1 and within 72 haurs after death	1 DECEASED NAME (Type or print)	first RU	Middle BY Pi	AUL	Lost WATTS	JUNE Month 16	Doy 1969	2b. HOUR 6:10PM
/s	3 SEX Male	4. RA	White		DATE OF BIRTH 10/31/95	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MEN
tely filled in by the formal poor pages within 72 haurs after	70 BIRTHPLACE (Stot country) Mary	land	ZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED D VORCED	9. COUNTY OF DEATH Balti		Md
remove carbon_edpers. I any event, within 72 h	10. CITY OR TOWN O	ard	g.ve street oddress) Veterans Adr	ninistrat	ion Hospita	L OCCUPATION (Kind of work dor pst of working life, even if retired Foreman-Water	12b. KIND OF BEINDUSTRY	do 223M2E
ove carbor y event, wi	admission) STATE	E (Where deceased #ved, 13b. Maryland	if institution. Residence bef	orė 13c CIIY OR I Baltin	OWN 13d. INSIDE CITY L	MITS? 130 STREET AND NUMBER 6105 Ready A		
d in an	14 FATHER'S NAME	First	Middle to	1 S.	MOTHER'S MAIDEN NAME F	irst Middle	Kaiser	Last
n plea val, an	16a WAS DECEASED Yes, no, ar unknov	EVER IN J.S. ARMED FOR( vn) (If yes give wor or dates of	ES? 16b SOCIAL SECUR 215 22		ormant HOSPITAL. FO	Address  ORT HOWARD MARY		
rmit. The	18. CAUSE OF	YATH WAS CAUSED BY HTA: ISUAD STAIGSMMI	(0)	(d) E MYOCARE	IAL INFARCTI		APPROX MA BETWEEN UNS HOURS	ET AND GEATH
onsit pe ematiar	nse to immedi	hy, which gave )	E TO, OR AS A CONSEQUENCE (b) ARTERIOS (E TO, OR AS A CONSEQUENCE	CLEROTIC	HEART DISEAS	SE	YEARS	
bunal-tr	lost.	)	(c)		HE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)		
th priar to	190 DATE OF OP	ERATION 196 CONDITIO	N FOR WHICH OPERATION WA	S PERFORMED	200 AUTOPSY?  YES NO X	206 IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	TIFYING
af Heal	☐ OR CONTRIBUTING (If either, notify	G CAUSE OF DEATH HI medical examiner)	b TIME OF INJURY DUR A.M Manth Day Y P.M.	eor 19		nature of injury in Part 1 or Part	2, Item 18.)	
е Dept.	While Not	whoe D			TION Street or R.F.D. No.	City or Town	County	State
aurd be the Stat	220, I certif saw the causes	y that (4) (this hosp deceased alive on stated above, (X) (w	ital) attended the dece June 16 re) (did) (did) (did) (view t	ased from Mased from 1969, and he body after de	8.y / , 19.6 hat in (20%) (aur) opin ath.	nian death occurred on the	19 <u>69</u> , that ( dote and haur ar	H <sup>k</sup> (we) lost and fram the
TO FUNEAT DISCORDING OF this certificate has been signed by the attending physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remove carb should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event,	22b SIGNATURE	Alle	ewits	DEGREE		ED STAFF 27	6/16/69	
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shot	230 BURIA, CREMAT REMOVA ISPECI BUTIAL 24 FUNERAL DIRECTO	(y) 6/19	/69 Baltin	of cemetery or connections of cemetery or connections of the connection of	onal Cemeter		(County) re, Maryla	(State)
VR A15		Schrah Fune	rel Home Re	Erederick	Ave. DAN UN		RS SIGNATURE	e.



	,	ſ	8179			IND STATE DEPARTMENT OF		201	
1			)(1), ( J		DIVISION OF WHAL RECORD	S, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATI		0817	2
	4 -24		EASED NAME pe or print)	First		Lost	20. DATE OF DEATH		2b. HOURA
	funeral s I ond 2 ter death.			JAMES	THOMAS	WEAVER	O/18nth	7 <sup>Doy</sup> 69 <sup>or</sup>	2:45 M
	of the formal of	3 SEX			4. RACE	S DATE OF BIRTH	6. AGE (In yellost highlado)	Drs FUNDER I YEAR  MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	A Page		MALE		CAU.	9-01-95		YRS.	
	in 24 hours after of filled in thy the fun popers, Roges I hin 72 kiters of ther of	count	" <b>!</b> !!	d.	76 GTIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH BALTIMORE	co.	Md
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	canted with campletely love carbon y event, with	odmis:	sion) STATE	(Where deceo	sed lived, if institution, Residence/befor	Fe 13c CITY OR TOWN 13d. INSIDE CI	NO STREET AND NUM	y Mill	Rd.
	cote be executed within sicionand completely fille sicionand completely fille seadure on event, within	14 FA	THER'S NAME	First /	- Addie Weak		Effrst M	v+/e	Lost
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	that the death certificant on the other of t		8 CAUSE OF D	DEATH (Enter or	ily one couse per ine for (a), (b), and	(c) )	7	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	e deoth ce ottending permit. Th on, or rem		PART 1. DEA	ATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (0) TERMINAL	STAGE OF CARCI	AMON		
	ottendii ottendii permit.		15%	0	DUE TO, OR AS A CONSEQUENCE				
	that the on. by the tronsit pronsit premati		Canditions if on rise to immedia	ιγ, which gove) ote couse (a),	(0)	OF PANCREAS			
	s tho	5	stoting the und	erlying couse	DUE TO, OR AS A CONSEQUENCE				
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1	ng p ng p sin si ne bi to bi					THE TENNING BUSINESS	or competition of the trick (c)		
0	The law reathending hos been se as the h priar to b	CERTIFICAT ON	90. DATE OF OPE	RATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY? YES NO	CALIFOR OF DEATING	DINGS CONSIDERED IN	CERTIFYING
	F 2 4 8 4 1	E 2	To ACCIDENT V	WAS UNDERLYIN	NG 1216. TIME OF INJURY		nter nature of injury in Port 1 or	Port 2, Item 181	
	CIAP pital d for		OR CONTRIBUTING	medical exami	TH HOUR A.M. Month Doy Ye	or 19	, , , , , , , , , , , , , , , , , , ,	,	
	SPITAL OR ATTENDING PHYSICIAN: The law rate and a moy be retained by the hospital or attending VERAL DIRECTOR: After this certificate has been for page 3 should be detached for use as the lid be filed with the State Dept. af Health priar to	累	21a INJURY OCC While Not w	CURRED 21e		FACTORY.) 21f. LOCATION Street of R.F.D.	No City or Town	County	State
	ING by the free d		22a. I certify	that (I) (th	is haspital) attended the dece	sed from 6-06- , 19 19 69, and that in (my) (aur) (	69, to 6-07	_, 19 <u>69</u> , tha	t (I) (we) last
	OR ATTENDING be retained by th JIRECTOR: After t a 3 should be de ed with the Stote	Н	saw the causes s	deceased a stated abave	e, (I) (we) (did) (did nat) view th	_19_69, and that in (my) (aur) ( e bady after death.	apinian death accurred an	the date and hour	and from the
	reta reta S showith		226 SIGNATURE	ΛΛ /	10 M. MA	ATTENDING	MED STAFF	22c DATE SIGNED	
	be 7 DIRE DIRE		O. L. December 1911	/// . 1	4. AD-11101014	7 DEGREE PHYS	MED STAFF PHYS	6-07-69	<del></del>
	TO HOSPITAL Poge 4 moy TO FUNERAL idirector, page should be file		2d. PHYSICIAN S NAME (Type		N. AL-MUMAYEZ	22e. ADDRESS 6701 NO	RTH CHARLES	STREET	
	O HOSPI Poge 4 r O FUNER director, should it	23o	BURNAL EREMAT		DATE / 23c NAME	OF CEMETERS OR CREMATORY	23d LOCALION (C by DIVTOW		(Stpte) /
	TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		BURNAL, EDEMAT REMOVAL (Specific	4	6/9/69 Pin	e Grove Cem.	- Parleto	n, Salto	Md
	VR AIS	24 F	UNERAL INFECTO	RX 1/-7	AQDR)		4 0 1000	STRAR S SIGNATURE	Call.
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		It	ems 5,6 Film G 414 MARYLAND STATE DEPARTMENT OF HEALTH	
	1 4_	أتسب	2/65 11 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	173
	-	n	8180 Helen /// CERTIFICATE OF DEATH	110
	£ 200		CEASED NAME 20 DATE OF PEATH	2b. HOUR
	offer death.	(1	ype or print) Helen / Month /8 Day	1969 M
		3. SE		INDER 1 YEAR   IF UNDER 24 HRS.
	E P	,	lost birthday) Mon	THS DAYS HOURS MIN.
	E > 2 5	7. 1	SIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MADDIED 12 MEDIED 1 9. COUNTY OF DEATH 4	
	be executed within 24 haurs of nance and campletely filled in by e remave carban papers. Po lin any event, within 72 haurs	(0UI	itro) I street mannitudes	1 1
	ITAL OR ATTENDING PHYSICIAN: The law requires that the death (erithtere be executed within 24 may be retained by the hospital ar attending pysician.  RAI DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban paper be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72		Etalis, GD WIDOWED DIVORCED BALLIMAR	Md.
	nin 24 filled pape thin 7	10 (	give-street address) // // during most of working life, even if retired)	26. KIND OF BUSINESS OR NDUSTRY
	with ban with with	10	C///A A / \   \  \ \  \ \  \ \  \ \  \  \  \  \	
	ed olet	13o.	USUAL RESIDENCE TWhere deceased lived if institution: Residence before 13c (117 OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER K1 ng	pley Street
	cample cample dave co	3	ssign STATE mals last countrallo, rord, Ballo YES 10 10 32.40 Aunas	1664
	d c d c any		ATHER'S NAME , First , Middle Lost IS MOTHER'S MAIDEN NAME First , Middle 4	Last
	be ex		Harston Cylin Michael McCann UND NOWN	
	physician con please and in an and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	
1(	ertimente physician nen pleas naval, and	Y	(es, ng prynknawn) (It yes give war ar dates of service) 568-13-16-1355	
11	he death (ertime attending physica), ar remaval, ion, ar remaval	H	18. CAUSE OF DEATH (Enter only one couse per line for (67, 107, and (1)) 8109	APPROXIMATE INTERVAL
	th ding		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	dea ten mit ar		1/2/5/1	
	ne att		DUE TO, OR AS A CONSEQUENCE OF	
	the the sit		rise to immediate cause (a). (b) As Privation	
	tho an. by ran crer		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	sicion sicion al contra al		last. (c)	
1	requires that the death   mysician.   signed by the attendin e burial-transit permit.   o burial, cremation, ar re		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	. 0 "
10	ng PM To I	-	Advanced Chronic Broin Syndrome due to Arter	4 = 5 clestify
40	The law restrained attending has been see as the the prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
10	The atternation	븰	YES NO CAUSES OF DEATH?	
1	ar ar use		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 2, Item	18.)
	Tage of the state	₫	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
	aspital ar certificate hed far u	MEDICAL		ounty State
	her haspital ar this certificate letached far u e Dept. af Heal		While Not while of work Action of the Control of th	
	de the		of work at work 12 (this because) estanded the decorated from 2-12-1967 to 6-12-1967	4 that (I) (we) lost
	After After be constant		220. I certify that (1) (this haspital) attended the deceased from 3-12-, 1967, to 6-12-, 1969 sow the deceased give an 6-12- 1969, and that in (my) (our) opinion death occurred on the date	and hour and from the
	renbing ined by th DR: After auld be d the State		causes stated above, (1) (we) (did) (did not) view the body after death.	
	A g B S K H		22b. SIGNATURE 22c. DATE	
	LOR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detacted far u iled with the State Dept. of Heal		Que Valle Wester M. Degree PHYS DIRECTOR DIRECTO	21-69
	AL LD File		22d. PHYSICIAN'S 22e. ADDRESS	2.7
	Page 4 may   To FUNERAL Director, pag		NAME (Type) Cesar Valle Cavero 3629 Liberty Road, Rand	lalistown
	O HOSPIT Page 4 m O FUNERA director,	23n	BURIA, CREMATION, 235 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	(etate) (ytauo)
	E genipal	1	RIMOVAL (Specify)  Burial  June 21,1969  Loudon Park Cemetery  Baltimore, Marylan	
	F F (14)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	
	30M REV 18	G.	Truman Schwab, 3512 Frederick Ave., Balto.Md. 21220 UN 2 3 1959	of the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08181 08174 CERTIFICATE OF DEATH 1. DECEASED NAME First M.ddle Last 20. DATE OF DEATH 2b HOUR 24 haurs after death (Type or print) Christine Bradley Wells June 3. SEX 4 PACE S. DATE OF BIRTH 6 AGE (In years last birthoard Female Caucasian 11/8/91 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. Baltimore County WIDOWED K DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) o. Co. Gen. Hosp. Randallstown during most of working life, even if retired ) 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LUMITS? requires that the death certificate be executed odmission) STATE 13b. COUNTY Balto. 21208 NOX 18 Randall Avenue TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and co director, page 3 should be detached for use as the burial-transit permit. Then please remay should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any 14 FATHER'S NAME M.ddle Last IS. MOTHER'S MAIDEN NAME First Middle Peter Bradlev Rose Roseberger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT Address 2/6-38-26480B. Seibert, Admitting Office, BCGH 18. CAUSE OF DEATH (Enter only one couse per time for (a) (b) and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if day, which gave ) CoRman rise to immediate couse (a), stoting the underlying couse i PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from... . 19\_ , and that in (my) (our) opinion death occurred on the date and hour and from the 22b SIGNATURE 22c DATE S GNED MED DIRECTOR STAFF PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type)

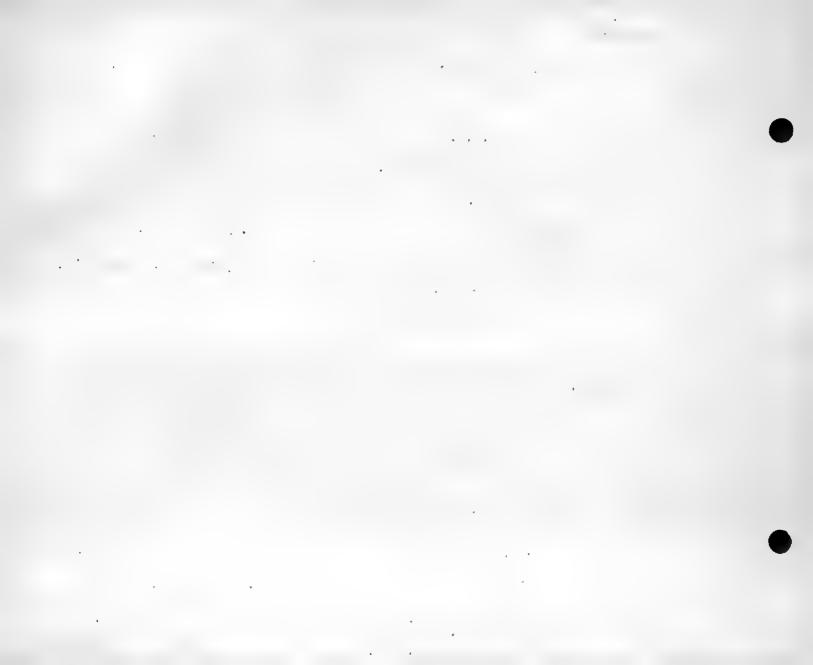


1	IIt	em 18 Film 413	5 6-19-69 MARYLANI	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTII	EALTH	
•		08182		CERTIFICATE OF DEATH	0	8175
		ECEASED-NAME First Type or print) Main	Middle garet Valentine	lost W <b>ells</b>	20 DATE OF DEATH  Month June 6, Dayl	969ear 12:65
John	3 5	f <b>e</b> male	4 RACE white	Sept. 27, 1	6. AGF (In years III	FUNDER I YEAR OF JINDER 24 HRS JINTHS DAYS HOURS MIN
	7a.	B RTHPLACE (State or fare gn 7 ntry) MG	U. S.	8 MARRIED NEVER MARRIED 3 9 WIDOWED DIVORCED	B.1+imore	
	10	CITY OR TOWN OF DEATH Catonsville	11 NAME OF HOSPITAL OR INS give street address) SF T T G G ROV	TITUTION (if not in hospital 12a USUA.	OCCUPATION (Kind of work done staf working life, even if retired) nographer	12b KIND OF BUSINESS OR INDUSTRY
١	13a odn	USUAL RES DENCE (Where deceased ssian) STATE Md •	t rved, if institution. Residence before 135 COUNTY	13c CITY OR TOWN 13d INSIDE CTY LIM Balto. YES ✓ NO	139 13e. STREET AND NUMBER	w Place
1	14	FATHER'S NAME First Samuel D. C. We	Middle Last	15. MOTHER'S MAIDEN NAME FIT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ne Duffy
4	160	WAS DECEASED EVER IN S ARMEI	D FORCES? or dollas of service) 16b SOCIAL SECURITY N NONE		Address G GRO E STATE HOS	PITAL
5		PART I. DEATH WAS CAUSED I	one cause per line for (a), (b), and (c).) BY: E CAUSE (a)	Aspiration of blo	od	APPROXIMATE INTERNA BETWEEN ONSET AND DEATH
burial, cremation, or remova		Canditions, if any, which gave tise to Immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	epistaxis		
burial, cremat		stating the underlying cause	OUE TO, OR AS A CONSEQUENCE OF	Hypertension		
	No.			OF RELATED TO THE TERMINAL DISEASE OR CO		
. )	CERTIFICAT		INDITION FOR WHICH OPERATION WAS PER	YES NO P	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	
	MED CAL C	210 ACCIDENT WAS UNDERLYING GR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF .NJURY HOUR A.M Month Day Year P M 19		nature of injury in Part 1 or Part 2, Iter	n 18)
	*	While Mat while at wark	ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		· ·	County State
		saw the deceased aliv	hospital) attended the decease ve an <u>June 6</u> 19 (I) ( <b>We</b> ) (did) ( <b>dapp</b> t) view the b	69 and that in (my) (nJEKonin	9, ta_June_6_, 19_0 ian death accurred an the date	59 , that (1) <b>1000</b> ) last and have and from the
ed with the		22b SIGNATURE	omidy K. Pirouded	ATTENDING ME		signed 5-69
should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) D 3	omidis Pirovolidís	s, M.D. 22e ADDRESS S	TNG GROVE STATE HO	
			'9/69 Cedar	EMETERY OR CREMATORY Bluff Cemetery	Annapolis ar	(Caunty) (State)
)ñ	24	Henry Sander	% Sons Inc. B	alto. Md. 250 REC D BY	9 1969 Scharle	NAT.1RF



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08176 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 20. DATE OF DEATH death. 2b HOUR requires that the dearth certificate be executed within 24 haurs after death funeral 1 and (Type or print) NORMAN GEORGE WEST JUNE :00 PM 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years JEJINDER I YEAR IF UNDER 24 HRS last birthday) MONTHS WHITE 10/30/96 MALE YR5 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [ ] NEVER MARRIED WIDOWED T DIVORCED T U.S.A. BALTIMORE DELAWARE physician and campletely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR VETERANS ADMIN. HOSPITAL during most of working life, even if retired) INDUSTRY FORT HOWARD and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TSP 13a. STREET AND NUMBER 13b COUNTY BALTIMORE YES [X] NO [ **JOPPA** 962 RUMSEY PLACE 14. FATHER'S NAME M ddle 15. MOTHER 5 MA DEN NAME First Last Middle MARTHA HOWARD THEODORE WEST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 216 10 9637 CLINICAL RECORDS, VAH. FT. HOWARD. burial, cremation, or remova 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: BRONCHOPNEUMON IA the attend IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PORTAL CIRRHOSIS, LIVER signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTERIOSCLEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) INFARCTS, KIDNEY AND SPIEEN directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior tal TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [T 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, EACTORY) 21f LOCATION Street or R.F.D. No City of Town County Stote While Not while 22a. I certify that (1) (this hospital) attended the deceased fram JUN 11 , 1969 , ta JUN 22 , 1969 , that (we) lost saw the deceased alive on JUN 22 1909 , and that in (xxx) (our) opinion death occurred on the date and hour and from the causes stated abave, (we) (did) (2020-2021) view the body ofter death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR PHYS. NAME (Type) 22e ADDRESS D. TALBERT, M. D. VAH. FT. HOWARD. MD. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23d JOCATION (City or Town) (County) (Stote) 26 JUN 69 BALTO. NATIONAL CEMETERY BALTIMORE, MA. 25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR LEMMON FUNERAL HOME BALLO, MD. DATE JUN 2

MAKTLAND STATE DEPARTMENT OF HEALTH



		1	40404	MARYLAN DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT O		
	15	700. 3	08184	08177			
				00111			
€	# <del>1</del> 2 # 2	1 8	ECEASED NAME First	h. 2	Lost ,	20. DATE OF DEATH	26 HOUR
qeo	funeral ordenth		Bessi	e M	White	June Month 189	609 /13 M
101		3. 5	EX ,- 1	4. RACE	S. DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR FUNDER 24 HRS.
within 24 hours after death	表記	L	temale	White	Oct 29	1879 last birthday) YRS.	MONTHS DAYS HOURS MIN
100	20.00	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 4	d in pers 72 t	L	MARYLAND	U.SA.	WIDOWED DIVORCED	Baltimor	C Md
·≡	File Ball	ŧ0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
T T	ficote has been signed by the ottending physician and completely filled in by far use os the burial-transit permit. Then please remave carban papers. Phealth prior ta burial, cremation, ar removal, and in any event, within 72 hay		ATONSU 11e	give street oddress)	Smithwood Ave durin	g most of working life, eyen if retired )	INDUSTRY ON E
C T BE	plet car	130	USUAL RESIDENCE (Where deceorsion) STATE	sed lived, if institution. Residence before	13c CITY OR TOWN 3d INSIDE	CITY LIMITS? 13e STREET AND NUMBER	01-1
,\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ave / ev	- Odin	sold sixte mad	13b COUNTY T3 alto	YES	NO 1135 newfre	ld Road
ě ×	an)	14	FATHER'S NAME First	M.ddle Lost	IS. MOTHER'S MAIDEN NAM	ME First Middle	Lost
20	din 1	L	Charles	L Gennulan	at mura	y , fosiphere	
000	Sicia Secretary on	160	WAS DECEASED EVER N.U.S. ARI	WED FORCES? 165. SOCIAL SECURITY	171777	Address	
- 1	ohy sn p		(es, no, or, unknown) (If yes give i	vor or dates of service) 215 -05 -3	43/10 Char	{	
9)	ng I		18. CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (c)	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
adt	ar re		PART 1 DEATH WAS CAUSE 3MMED	ATE CAUSE (6) PSEU DO POLLÍ	DAR PREPLYS'S	WITH PARTIAL AP	
-G e	otte on,			DUE TO, OR AS A CONSEQUENCE OF	SIA AND PAKO		
- <del>-</del>	the sit		Conditions, if ony, which gave rise to immediate couse (a),		LECOTIC WAS LOVA	SCULPR DISKRIE	
કે કં	by ron ren		stating the underlying couse(		CHION ( BRAS.	NOTOSPANE	
aquires the	al.,		lost.		PROLITASE		
<b>7</b>	sign		PART 2 OTHER SIGNIFICANT CO.	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(o)	
2.5	the the	1 %					
He low requires that the death certificate be attending physicion.	s be to so t	E	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
af #a	4 55 ±	CERTIFICATION			YES NO	CAUSES OF DEATH?	
OR ATTENDING PHYSICIAN:	this certificate has been letoched far use os the S Dept. af Health prior ta		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c HOW INJURY OCCURRED (	Enter nature of injury in Port 1 or Port 2,	Item 18)
i cie	in the second se	MEDICAL	(If either, not fy medical exami	ner) P.M.			
HYS	Viter this certified be detached State Dept. of	Σ	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY, 21f LOCATION Street or R.F.D.	No City or Town	County State
	e D det		of work of work				
N A	ffer be Stot	1	22a. I certify that (I) (th	is haspital) attended the decease	ed from HT2 6 36, 1	9_69, to JUNE 17, 19 opinion death occurred on the do	C 9, that (1) (we) last
_ EN _	he he		saw the deceased a	live on 10 10 10 10 10 10 10 10 10 10 10 10 10	9 <u>0</u> 1, and that in (my) (out)	opinion death occurred on the do	ote and hour ond from the
A P	RAL DIRECTOR: A grand be filed with the		22b SIGNATURE	s, (i) (we) (aid) (bid har) view me	body offer deam.	220	DATE SIGNED/
20 00 00 00 00 00 00 00 00 00 00 00 00 0	d & 3 8 8 8		10/2	aunito his	DEGREE PHYS	MED STAFF D 6	12011 a
	- Egg /		22d PHYSIC ANS -		22e ADDRESS /	A I I I I I I I I I I I I I I I I I I I	(20)
<b>1</b> E	RA Pe		NAME (Type)	ASAITIS, 14. i	1	16K5, 40 212.	28.
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or	TO FUNERAL DIRECTOR: After director, gage 3 should be despoyed be filed with the Store	230	BUR AL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. QCAT ON (City of Town)	(County) (State)
0 00	040			-23-1969 Louc	1 \ 1	BALTIMOR	
	N/	24	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b REGISTRAR S	S GNATURE
	VR (5 (4) 45M (-1, 69	1/4	IM Cook. Brown	Ks West SA'SK		12 3 1969 Jaluny	as Judge
	4	The works				<del></del>	<del></del>



		A CHARLE DIVIS	ION OF VITAL REC	ORDS, 301 W. P	RESTON STE	REET, BALTIMORE,	MARYLAND 21201	0	0470
FOR STATE		08185	MEDICA	AL EXAMINE	R'S CERTI	FICATE OF DE	ATH	U	8178
HEALTH DEPT.			ırst	Middle		Last	2a DATE KNOWN	X Month Do	ay Year 2b HOUR
20 % 70	1	Type or Print) Co	OLEN	LAFAYE	TTE	WHITE	OF ESTI- DEATH MATED		′
5 m 6 m	3 5	EX 4 RACE	S DATE OF BIRTI	H 6 AG	F Lut Agents	UNDER 1 YEAR IF UNDER		ICED DEAD	2d HOUR
delay and 3 ment		Male White	10/23/	1926 42	birthday) MONTI	S DAYS HOURS	Manth June	Doy 23,	Year 1969 7:30
1, 2, rm Pl		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT			NEVER MARRIED	9 COUNTY OF DEATH	23,	1709 P M
or De	cou	iry) Md.	U.S.A		WIDOWED			TIMORE	
C) view a-	10	ITY OR TOWN OF DEATH		AE OF HOSPITAL OR IN			SUAL OCCUPATION (Kind of		b KIND OF BUSINESS OR
after death.  8: Give Pages along with far with the State eath.		Towson	give str	eet oddress) St. Jose	nh Hogn	ital dung	may of warring life, even	if retired   IN	DUSTRY
after d Give along w with the leath.	130	USUAL RESIDENCE (Where dec	eased lived, if institute	on: Residence before	13c CITY OR TO	WN 13d. MISIDE CITY			TRODUCKEL
	0	dmission) STATE Md.	136 COUNTY		1 to .21		1	nneth Sc	juare
/= _ S	14.	ATHER'S NAME First	M·ddle	Last		OTHER'S MAIDEN NAME		Middle	Last
		Sever	ชาว	Whit			Lillian		Dorfler
hin 24 ncil in niner's pages hours	16a	WAS DECEASED EVER IN L.S. ARM		6b SOCIAL SECURITY N	_	DRMANT		RESS	7011,01
	-{	es, no, ar unknown) (If yes	14 4 4				D. White	(San	ne)
with the Example File						<u> </u>	D. 1111100	1000	APPROXIMATE INTERVAL
be executed "pemding" in nief Medical E. ansit permit. F		1B. CAUSE OF DEATH (Enter PART I DEATH WAS CAI	JSED BY.	נוטי (מ), (וט) ישות (נו.)		unahat	ad as about		BETWEEN ONSET AND DEATH
xec Aled Aled per t w		I I I I I I I I I I I I I I I I I I I	DIATE CAUSE (o)	S A CONSEQUENCE OF		distiot woul	nd of chest		
ef / ef /		Conditions, if any, which gav	e )	S A CONSEQUENCE OF					
auld band be Chi		rise to immediate cause (a		S A CONSEQUENCE OF					
shauld be on the Chief to the Chief in any ever		stating the underlying cous	- 502 10, 08 8	O A CONSEQUENCE OF					
ta the burn d in		PART 2 OTHER SIGNIFICANT CO	(c)	C TO DEATH BUT NOT	DELATED TO THE	TERMINAL DISCASE OR	COMO TION CHIEF IN PART 1/	-1	
certificate writing the rwarded to used as a b noval, and		TART 2 OTHER SOMPLANT CO	TONING CONTRIBUTION	O TO DEATH BUT NOT	KEENIED TO THE	TERMINAL DIDEAGE OR I	CONDITION GIVEN IN PART I	oj	
its certificate, writing tarword or used or removal,	NO L	19a DATE OF OPERATION	11	9b CONDITION FOR W	HICH OPERATION	V			20 AUTOPSY?
for US	FICA			WAS PERFORMED?					YES [3] NO [
T 0 0 T .	CERTIFICAT	21g EXTERNAL CAUSE WAS	216 TIME OF IN	JURY Month, Day, Year	21c HO	W INJURY OCCURRED (En	ter nature of injury in Part	Lor Part 2 Item	
		PRIMARY X OR CONTRIBUTIN	G 🔲 📗 HOUR A.M.	19		ot self	TO THE OF THE LOT	1 01 3 011 2, 110111	14-)
EXAMINER: cute the certing age 4 shauld your files. Page 3 shauld.; rematian,	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21	e PLACE OF INJURY (At			ATION Street or R F.D. No.	City or Town		County State
EXAM ute th uge 4 yaur Page 4 crem		WHILE NOT WHILE AT WORK AT WORK	factory, affice building,	efc.)		1 Kenneth			coont; state
A standard Services			Land done - fall						4
bitcal E director. Po director. Po stained for DIRECTOR: Ir		death resulted from	I took charge of the					Inquiry	
dse rector		degin resurred from	Natural cause	s Accident	7 7010	ide X, Hamicid		d manner [	)
please e I director retained DIRECT		ACTUAL les	CX	1 ''	-	CHIEF MEDICAL		001 DATE 516	
erol director per programme		SIGNATURE	03.	8			ICAL EXAMINER X	22b DATE SIG	24. 1969
DEPUTY ecessory, pl ecessory, pl may be re FUNERAL I FUNERAL priori		EXAMINER'S Cha	rles S. Sp	ringate,	$M_{\bullet}D_{\bullet}$		L EXAMINER	Julie 2	4, 1909
ro DEPUTY DIC. necessory, please e the funeral director 5 may be retained to FUNERAL DIRECT Health.	99		3b DATE	00. 11441. 05	CENTERN OF C			Y1	
7	230	DEMOVAL (Consider)		23c NAME OF			23d. LOCAT ON (City or		ounty) (State)
	_24	C A COAL DIRECTOR	26/69	. ADDRE		morial	Parkville By REG STRAR 25b	REGISTRAR S S G	o Co Md
VR A15ME (\$)	H	W.Jenkins 8	Sons Co.	1+4905 Y	ork Ko	DATEUN		Charle	Judge.
10M REV 1/68 # 1			Da.	- 6 - The O O o o	Md.	DAME	40 1000 //		// ()

MARYLAND STATE DEPARTMENT OF HEALTH



1	0818	20	DIVISION (	OF VITAL RECORDS,	D STATE DEPARTME 301 W. PRESTON STRI	EET, BALTIMORE,	MARYLAND 21201	08179	
	OOAT	30			ERTIFICATE OF D	DEATH		001.45	
for deoth.	1. DECEASED-NA (Type or pri			Middle Joseph,	lost <b>XXXEX</b> Wi		ATE OF DEATH  Month 20 Day	69 Year	2b HOUR M
the for	3 SEX	m	4 RACE		S. DATE OF BIR 11-27		6 AGE (In years last birthday) YRS.		HOURS MIN
24 hours ofter deoth d in by the forneral pers. Pages L and 2 72 hours differ debth		(Stote or foreign		WHAT COUNTRY?	8 MARRIED X NEVER MARR WIDOWED DIVORC	I	TA OE DEATH		Md
/ S # 8 # 6	10 CITY OR TO		1	ve street oddress)	TITUTION (if not in haspital	12g USUAL OCCUP	ATION (Kind of wark done wking life, even if retired.)	12b. KIND OF BU	
(本) (本) (一)		SIDENCE (Where dece		itution: Residence before	Dallimana	AR INZIGE CITA FINITZA I	3e STREET AND NUMBER 2908 Pauern		#3h
ond car remov in any e	14. FATHER S N		Middle	Last	15 MOTHER'S MAI	DEN NAME First 1bina Hi	Middle		Last
cate t skian pieose J, ond	160. WAS DEC Yes, no, or .	ASED EVER IN U.S. A	iam H.  RMED FORCES?  E war or doles al service)	Taria COCIAL CECUPITAL	17, INFORMANT		Address er, wife, a	bove	
th certifi ling phy Then removo	18, CAU	9	aniy ane couse pe	r line far (a), (b), and (c).	)			APPROXIMAT BETWEEN ONS	T AND DEATH
e deot attend permit	4	OF	DIATE CAUSE (a) DUE TO, O	OR AS A CONSEQUENCE OF	Acute c.		Thronks,11		nute,
that the death ce an. by the attending transit permit. Th	rise to in	is, if any, which gav nmediate cause (a he underlying cous	(10)	OR AS A CONSEQUENCE OF	Interioscler	of he	est discours	4	YV1.
quires that the physician. signed by the buriol-transit buriol, cremot	last		(c)_	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	I GIVEN IN PART 1(0)		
SICIAN: The law requires the spiral or ottending physician errificate has been signed be defor use as the burial-from the signed bear for use as the burial-from the signed bear for use as the burial or the signed burial	N 190. DATE	OF OPERATION 19	b CONDITION FOR	WHICH OPERATION WAS PE	RFORMED 20a AUTOP		206 IF YES, WERE FINDINGS CO	ONSIDERED IN CER	TIFYING
I: The proof of th	190. DATE	DENT WAS UNDERLY	ING 216 TIME	OF INJURY	YES T	NU []	CAUSES OF DEATH?	tem 18.)	·
PHYSICIAN: he hospital or his certificate efoched for u Dept. of Heal	OR CON	RIBUTING CAUSE OF O	niner) HOUR A.	M. Manth Day Yeor M. 19	,		City or Town	County	State
G PHY the ha r this c detact te Depi	While Dat work	at work			21f. LOCATION Street	,	,		
OR ATTENDING De retained by the MRECTOR: After it e 3 should be died with the Stote	22a, 1 sa	<b>certity</b> that (I) ( w the deceased uses stated abo	alive an ve,(I) <del>(we)</del> (di	id) (did nat) view the	9 on many and that in (my body after death.	r) ( <del>oor) o</del> pinian de	a <i>l_16/6</i> 9, 19_ eath occurred on the da	te and hour o	nd from the
DR ATI	22b SIGN				DEGREE PHYS	G MED DIRECTOR	STAFF 22c C	CATE SIGNED	9
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriof-train should be filled with the State Dept. of Health prior to buriof, cre	22d. PHY	SICIAN'S AE (Type) Map	10N /	DIEDMAN	/ 22e ADDR		REFORD K	000	
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the Stote Dept. of Healt	23a BURIAL,	REMATION, 23	DATE 6/24/69	23c. NAME OF Holy	CEMETERY OR CREMATORY Redeemer Ce	23d. l ≥m • E	OCATION (City or Town) Baltimore, I	(County)	(Stote)
VR A15 44 8		munek F	uneral ms Land	Home, Inc		250 REC'D BY REGIST DATE UN 2 5	RAR 2Sb REGISTRAR'S 1969 Julian	SIGNATURE	E



1 1/1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE		08180
ALTH DEPT.	. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	
of de	(Type or Phot)  SAMUEL HAROLD WILKINS  OF ESTI- DEATH MATED  DEATH MATED  6	13 19 69 1-5
	SEX 4 RACE S DATE OF BIRTH / 1920 6. AGE (in vigors   F JADER 1 YEAR   IF UNDER 24 HRS   2c. DATE PRONOUNCED DEAD	2d HOUR
1	Male Colored 7181,28, 1937 Jost brithday) MONTHS DAYS MOURS MIN Month Doy	13 Year 19 69 1:500
	O B RTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH	071.70
	ountry M. C. ( U.S.A. WIDOWED DIVORCED Balto.	bM.
	D CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita   120 USUAL OCCUPAT ON (Kind of work done give street oddress)  12 USUAL OCCUPAT ON (Kind of work done double street oddress)	12b. KIND OF BLSINESS OR INDUSTRY
<u>.</u> '	Woodlawn 2608 Gwynndale Ave Electtución 30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 3d INSIDECTIVAM TO 13d STREET AND NUMBER	1
<i>y</i>	admission) STATE 13b COUNTY VECTO NO ET	-
	Md. Bolto. 2608 Gwynnd 4 FATHBR'S NAME First C., Middle	ale Ave
71	Paul W. Wilkins Generia Mompo	111
'	60. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT   ABORESS	.1
	(Yes no, or unknown) [11 yes give wor or dates at service] Mary there 12089	axword are
ľ	18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c) )	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b) Gunshot wound of the head	BUNKEN ORKE AND DIKIN
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave (b) (b)	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2.)	YES NO TY
	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, 1	
	PRIMARY © OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  PM 6 13 19 69 Self inflicted  21d INJURY OCCURRED 21e PLACE OF INNURY (A) home form street 21d IOCATION Street or RED. No.  CAUSE OF DEATH  PRIMARY © OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  PM 6 13 19 69 Self inflicted	
	and the state of t	County State
1	WHILE NOT WHILE AT WORK AT WOR	Balto, Md.
	22a   certify that I taak charge of the remains described above, held an Autopsy , Inspection XX, Inquiry	
	death resulted from: Natural causes, Accident, Suicide XXX Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
gr <sup>g</sup> i	SIGNATURE ASS STANT MED CA. EXAMINER XX 22b DATE	esigned, ne 13, 1969
4	EXAMINER'S	10, 1909
	NAME (Type)  Ronald N. Kornblum, M.D.  ADDRESS(Street, city, lawn, or county)	
	230 BLRIAL, CREMATION, 234 DATE 236 NAME OF CENETRY OR CREMATORY 23d OCATION (CTY OF TOWN)	(County) (Stote)
	Deinel June 1/164 anvulus 11km lane arvilles 1	7/0.
	24 FUNERAL DIRECTOR 250. RECO BY REGISTRAR 25b. REGISTRAR'S 25b. REGISTRAR'S 25b. REGISTRAR'S 25b. REGISTRAR'S	S SIGNATURE
	Millon E. Election 12911 (histories DATUNI 1 1969 1	10



1. 1	1	. DIVISIO		DRDS, 301 W. PRESTO	ARTMENT OF HEAI N STREET, BALTIMOR		1	
FOR STATE		08183		L EXAMINER'S C			08	3181
HEALTH DEPT.		ECEASED-NAME FI	rst LLIAM	Middle C.	WILL TAMS	S DE E	OWN Month Day	
2 D 0 2 D	3 5	· · ·	S DATE OF BIRTH			DEATH MA	ATED 6-14-	19 69 M
a a a		Male White	,	last berthdov)	MONTHS DAYS HOU	RS MIN. Month JUNE		Year 19 69 12:30
2, 2, P	70	BIRTHPLACE (State or Foreign	76 CITIZEN OF WHAT		RRIED [ NEVER MARRIED [			
farm farm	1003	W, VIT.	US		OWED DIVORCED		ALTIMORE	Md
s after death 18 Give Pages 1 along with farm 2 with the State D		ITY OR TOWN OF DEATH	Hollywood	et of Hospital or institution bet oddress) Beach RdEv	ergreen Lane	ta, USUAL OCCUPATION (King afe,	PRIVER INDU	KIND OF BUSINESS OR USTRY
gifer de Give P Give P Good With the death.	130	USUAL RESIDENCE (Where decedimission) STATE	13h COUNTY			NO 12 47 E	nd number verlasting	Court
haurs Item 1 Office 1 and 2	14, 1	ATHER S NAME First	Middle	Last	15. MOTHER'S MAIDEN NA	AME First	Middle	Lost
T - 10	27	WILLIAM		ILLIAM5	GRACE	E. WILL	BUS	1165(1.84.5)
d within 24 in pencil in Examiner's File pages n 72 haurs		WAS DECEASED EVER IN U.S. ARME es no, or unknown) (11 yes g		bb social security no. 235-26-5996	J. S. CO	VAELLY S	WATER 33 /	00
ecuted w ling" in I edical Ex-		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU						APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
id be executed to "pending" is Chief Medical fransit permit.		3/5 V IMME	DIATE CAUSE (o)	Gunshot wour	d of back			
be exemined We		Conditions, if any, which gave	1	S A CONSEQUENCE OF				
shauld be executed e word "pending" in a the Chief Medical E uvial-transit permit. Fin any event within		rise to immediate cause (o). Stoting the underlying couse	DUE TO OR A	S A CONSEQUENCE OF				
Sha sha washa wash		last.	(c)					
is certificate shorter, writing the vector farwarded to the used as a buring remayal, and in		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	(RT 1(a)	
is certific te, writin forward te used as	ATION	19a. DATE OF OPERATION	15	96 CONDITION FOR WHICH OP	ERATION			20. AUTOPSY?
	CERTIFICATION			WAS PERFORMED?				YES X NO
		21a EXTERNAL CAUSE WAS PRIMARY ∑OR CONTRIBUTING	HOUR A.M.			D (Enter nature of anjury in nown assaila		8.)
KAMINER: te the certifice 4 shauld four files age 3 shau cremation,	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21d	? P.M. e. PLACE OF INJURY (At	6-14-69 hame, farm, street,	21f LOCATION Street or R.F.C			aunty State
EXAMINER: ute the cert age 4 shaul age 4 shaul your files Page 3 shaul cremation.		WHILE AT WORK AT WORK	factory, affice building,  Taxic		lywood Beach	Rd. Ess	ex Bal	timore Md.
ICAL E executor. Page ed far CTOR: P burial,		22a   certify that	*	remains described abov				, ,
bic sse e ector ined ined RECT		death resulted fram:	Natural cause:	s , Accident ,	Suicide, Hon		mined manner	
TY Diedse red directe be retained RAL DIREC		ACTUAL SIGNATURE	NSJ.	70	77-	MEDICAL EXAMINER   MEDICAL EXAMINER	22b DATE SIGN	IED
			lac S Spri	ingate, M.D.	DEPUTY MI	ED CAL EXAMINER		5, 1969
FO DEPUT necessary the funer 5 may be 70 FUNER Health p	-	Totale (1790)		23c. NAME OF CEMETER		Street, city, tawn, or county		
5 20 -	236	BURIAL, CREMATION, 23 REMOVAL (Specify)	6/18/69	BALTO- A		BALT		unty) (State)
00		FUNERAL DIRECTOR		ADDRESS	250	REC D BY REGISTRAR	25b REGISTRAR'S S'GN	
VR A15ME (5)	V	. G. CONNEL	21 50%	300	MACE DATE	JUN 1 8 1969	Peliania	of mention

TIATA GIAA IY GAAA

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR A 1. DECEASED NAME First M ddle lost 2a. DATE OF DEATH be executed within 24 hours after death (Type or post) ALLIE Month BELL WILSON 1969 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF LINDER YEAR IF HINDER 24 HRS last birthday) FEMALE CAUCASION AUGUST 29, 1896 signed by the ottending physicion and completely filled in by the burial-transit permit. Then please remove carbon papers. Pagburial, cremation, ar removal, and in any event, within 72 hours. YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TIC NEVER MARRIED 9. COUNTY OF DEATH counta) Virginia U.S.A. WIDOWED [ BALTIMORE DIVORCED [ 12a USUAL OCCUPATION (Kind of work done 1D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b KIND OF BUSINESS OR give street address) during most of working life, even if retired )
HOUSEWILE INDUSTRY TOWSON GRTR.BALTO.MED.CNTR. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d MSEDE CETY LEMITS? 13e STREET AND NUMBER 136. COUNTY 2807 NO 🗆 Gibbons Ave Ba 1timore 14 FATHER 5 NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Last Painter Charles Nora V Wampler 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service) None Mr Edward Wilson Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY PSEUDOMUCINOUS CYSTOADENOMA W/ META-DUE TO, OR AS A CONSEQUENCE OSTATIC DISEASE Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [ TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year director, page 3 should be detached is should be filed with the State Dept. of (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (\*) (this hospital) attended the deceased fram XXXX4/13, 19.69, to—saw the deceased alive an \_\_\_\_\_\_\_6/8 \_\_\_\_19\_69 and that in (my) (55%) opinion deat . 1969 , that (I) (388) tast 19\_69 and that in (my) (55%) opinion death occurred on the date and hour and fram the causes stated abave, (1) (vse) (did) (stidenst) view the bady after death." 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR June 9, 1969 DEGREE 22d. PHYS CIAN S 22e ADDRESS NAME (Type) DR. M.N. AL-MUMAYEZ 6701 N.CHARLES STREET 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (County) (Stote) BITTLA (Specify) 6/11/69 Meadow Ridge Baltimore, Maryland ADDRESS 24. FUNERAL DIRECTOR 25a REC D BY REGISTRAR 25b REG STRAR S SIGNATURE Leonard J Ruck Inc. Baltimore, Maryland



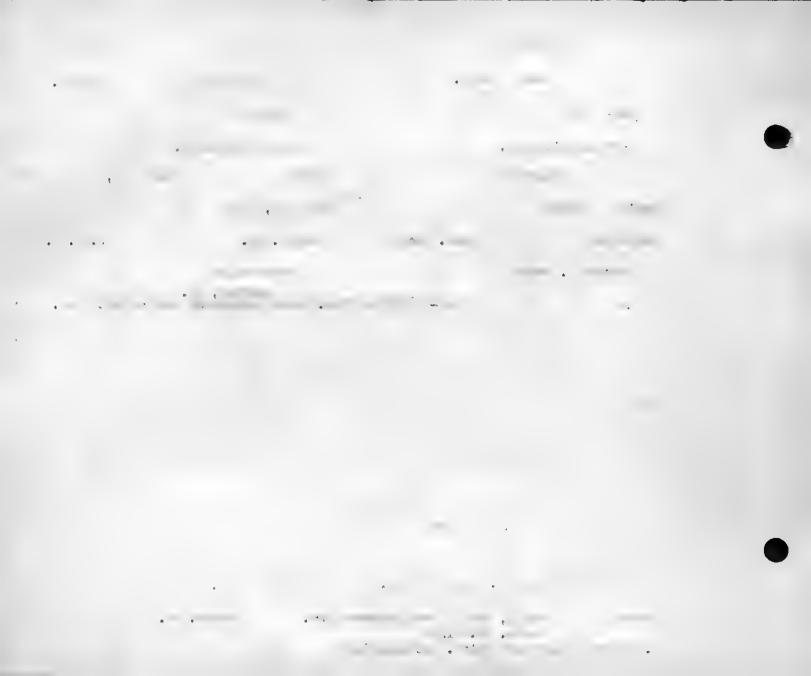
	_ 1			DIVISION OF VITAL	DECODER 301 1	W. PRESTON STREET, BAL	HEALIN	1201
			08190	DIVISION OF VITAL		IFICATE OF DEATH	SIMORE, MARILAND 21	08183
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	cours after death	3 5	M	4 RACE Whit	Te	S DATE OF BIRTH	S S AGE (n ye	BOTS   FUNDER LYEAR   IF UNDER 24 HRS
9		70 (00	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHAT COU	TYLAT	RIED   NEVER MARRIED	9 COUNTY OF DEATH BALTIMO	ORE Md
	and to mithin 24.		CITY OR TOWN OF DEATH A 78 NS VILLE	arve street od	HOSPITAL OR INSTITUTIO dress) 2 - G R O VE S	N (If not in hospital 120 LS. TATE HOSPITAL 3	JAL OCCUPATION (Kind of working) to working to even if re	k done 12b KIND OF BUSINESS OR INDUSTRY
	Equted with both section of carban event, with	13a odn	USUAL RESIDENCE (Where decedission) STATE Md.	osed (ved, if institution Res 13b COUNTY BALT	dance before 13c Cl	TY OR TOWN 13d INSIDE CITY	LIMITS? 13e. STREET AND NUN	MBER ULANEY. ST 423
	and	14	FATHER'S NAME First	Middle	cast	IS. MOTHER'S MAIDEN NAME	First M	Nddle Lost
	ian ian ian ind i	160	PMBROS. WAS DECEASED EVER IN J.S. AR		U / 19 TH	17 INFORMANT		4 LICHTY
	ertificate be physician a ien please aval, and in		res, no, or unknown)   (†yes g ve	war or dates of service) 70	5-03-9-41	Records: SPRT		E HOSPITAL
	nt the death c the attending isit permit. The mation, ar rem		18. CAUSE OF DEATH (Enter of PART DEATH WAS CAUS IMMED 440 9 Conditions, if only, which gove tise to immediate cause (o).	DUE TO, OR AS A COM	ISEQUENCE OF	ARREST. FO ARTERIOS	501 E ROSIS	APPROXIMATE INTERVAL BETWIEN OMST AND DEATH
0	quires the physician. signed by burial-tran burial, crer		stating the underlying couse lost	DUE TO, OR AS A COM	ISEQUENCE OF	A -		
70	v required ing physical sign p	×	PART 2 OTHER SIGNIFICANT CO			ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
1/	PHYSICIAN: The law r he haspital ar aftending this certificate has been etached for use as the Dept. af Health mriar ta	CERTIFICATION		CONDITION FOR WHICH OPER	ATION WAS PERFORME	200 AUTOPSY?  YES NO [8	LEADING OF BEATUR	NDINGS CONSIDERED IN CERTIFYING
	pital ar pital ar prificate sa far s af Hea	MEDICAL CE	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA  (If either, notify medical exam	TH HOUR A.M Month iner) P.M.	Doy Yeor	C HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or	Port 2, Item 18.}
	G PHY:	W.	of work at work		JILDING, EFC /	of EOCATION Street or R.F.D No.	•	County State
	TENDING Thed by 1  OR: After Stuld bill the State		22a. I certify that (4) (the saw the deceased a causes stated above	ns haspital) attended alive an <u>6 9</u> e, (1) ( <del>we)</del> (did) ( <del>did no</del>	the deceased from	n , 19 , 19 , and that in (my) (eet) ap	$6\sqrt{}$ , to $6-9$ sinian death accurred an	the date and hour and fram the
	be retained be retained be retained be retained be retained by a second by a s		22b SIGNATURE	b FT	り		MED STAFF DIRECTOR PHYS	22c DATE & GNED 6 9
	Page 4 may To IUMENAL latertry, page shauld be fill		22d. PHYSICIAN'S NAME (Type) EVE		PE-PERE			ATE HOSPITAL
	Page TO IIUI direct shau	L	Burra(Pecfy) 6			e Cemetery	23d LOCATION (City or Tow Wash Blvd	Howard Maryland
	VR A15	24 H	oward H. Hubba	rd 4107 Wilk	ADDRESS ens Ave. 2	1229 259 REF P	1 3 1969 256 REG	STRAR'S SIGNATURE



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	D 01001
	08191 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	08184
	DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print)  Edward P. Wittmer	onth Day Year 2b, HOUR
	Male Cau. 1-22-1903 lost	In years Funder 1 YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
	I. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? Balto. Co. Md. U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltin	Mu.
3	OCCUTY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of give street address)  1101 63rd Street address 1101 63rd Stre	
13 qc	a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AN Imission) STATE Md. 13b COUNTY Baltinore YES NO. 1100	D NUMBER L 63rd Street 21237
1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Phillip Wittmer Ida	Middle Lost Marcelle
1	So. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no. of unknown) (If yes give war or doines of service)  212-10-6496 Mrs Mildred Wittmer 13	Address Ol 63rd Street
100000000000000000000000000000000000000	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), old (c).  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave oise to amendiate cause (a), stating the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA  199 DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO CAUSES OF DE.	ERE FINDINGS CONSIDERED IN CERTIFYING
	To R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manift Day For 19  21 INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tow of work not while of twork that (I) (this haspital) attended the deceased from 3 / 19 / 6 / to 1	n County State
	causes stated above, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF PHYS  22d. PHYSICIAN'S NAME (Type) Dr. Maurice Feldman Jr  Dr. Maurice Feldman Jr	22c, DATE SIGNED
	Bo. BURIAL (REMATION, REMOVAL (Specify) 6-23-1969 23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Fulls	rton Balto. Md.
	A FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25 Lassahn Funeral Home 7401 Belair Road 21236 DALUN 2 5 1969	b. REGISTRARS SIGNATURE



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	F 1 MARYLAND
4 m24	08192 CERTIFICATE OF DEATH	08185
after death. the funeral ges 1 and 2 after death.	1. PLACE OF CEATH   2. USUAL RESIDENCE (Where deceased lived, If insti	
after the f ges 1 after	Balto. Maryland Maryland	Balto.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e RURAL and give nearest town)
□ /三の製造 \	Bel- Air  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ACCRESS	e. IS RESIDENCE
Day to the state of the state o	Box 28 ABottom Rd. Box 28 Bottom Rd.	ON A FARM?
executed within 2 and completely fit remove carbon part any event, within	3. NAME OF First Middle Last 4. DATE Month OF OF OF DEATH June	Day Year
c ca	5. SEX   6. COLOR OR RACE   7 MADDISO   NEVER MADDISO     8. DATE OF BIRTH   9. AGE (in years	6, 1969  FUNDER 1 YEAR JIF UNDER 24 HRS.
executed and con remove any eve	Female White WIDOWED DIVORCED April 29, 1891 78 yrs.	Months Days Hours Min.
ician ind in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Sales Lady  10b. KIND OF BUSINESS OR INCOUNTY)  INOUSTRY  Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
phys ral, a	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	U. D. A.
ing Ther	Edward L. Woods anne Gullen	
death certificate, re attending phys permit. Then pie tion, or removal, a	15. WAS DECEASED EVER INU.S. ARMED FÖRGES? 16. SOCIAL SECURITY NO. 17. INFORMANT LOngreen, Md. Address (Yes, no, or unknown) (Ifyes give war or dates of service)	
dea he a pen	no 212-03-2715A Mrs. Helen Habighurst Box 28  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Bottom Rd.
n. by t ansit rema	PART I. DEATH WAS CAUSED BY: METAStases to brain + liver	ONSET AND OEATH
requires that the ding physician. been signed by the burial-transit or to burial, creman	1530 OUE TO \	
ires phy in si buri	cenditions, if any, which gave rise to immediate (b) adenocarcinoma of Cecum	1 year
requency frequency frequen	cause (a), stating the DUE TO (c)	
law requires that that the attending physician. has been signed by a se as the burial tran for the burial, and he for the burial, and the burial and the bur		PART 1(a) 19. WAS AUTOPSY PERFORMEO?
The icate or use tealth	FIGA	YES NO 🔀
DING PHYSICIAN: The law requires that the death of by the hospital or attending physician.  After this certificate has been signed by the attentid be detached for use as the burial-transit permit.  State Dept. of Health prior to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P  20a. ACCIOENT WAS UNDERLYING CAUSE OF GEATH OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	item 18.)
PHYS the the truly the truly detacted the Detacted the truly truly the truly	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work	(County) (State)
DING ed by After Id be e Stat	21. I certify that (!) (this hospite!) attended, the deceased from May 29, 1969, to June 6.	. 19 6 9, that (I) (we) last
ATTENDI: retained CTOR: A should vith the 8	saw the deceased alive on June 1969, and that death occurred at 11. Hours from the causes a	
OR A)	22a. SIGNATURE ATTENDING MED. STAFF	22b. OATE SIGNEO
TAL 0 May the Diagonal page of files	M.D. PHYS. OIRECTOR PHYS.	June 8, 1969
SPIT 9 4 m NERA Stor, 1d be	NAME (Type) Dans 3.4 TF D 3.3	villo, Md21087
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toy	
F F		GISTRAR'S SIGNATURE
VR AIS (4)	G. Truman Schwab 5151 Balto. National Pike	Franke Comme
20M 1/65		6



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	1		10	×		DIVISION OF VII					E, MARYLAND 21201	08	186
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	death.	ľ		EASED-NAME De or print)	Leah		Middle Catherin	8	Wright		DATE OF DEATH  June 8.	1969 Year	25. HOUN 8:15 M
	a de la companya de l	3	. SEX	Female		4 RACE White			S. DATE OF BIRT 8-16-1		6 AGE (In years last birthagy)	IF UNDER 1 YEAR MONTHS DAYS	
	hours in by ers. Po	7	a. Bl	RTHPLACE (State or fore Y) Maryland	ign 7	U.S.A.		B. MARRIED WIDOWED	NEVER MARRI	LU	HTY OF DEATH  ltimore	1	
	icate be executed within 24 hours after death. risician and completely filled in by the Directal please remove carban papers. Page and 2 , and in any event, within 72 hours often death.	1	0. CI1	Y OR TOWN OF DEATH		11 NAME	OF HOSPITAL OR INS		ot in hospital	12g. USUAL OCCU	UPATION (Kind of work do	ne 125 KIND C d) INDUSTRY	OF BUSINESS OR
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	omd c			THER S NAME First		Middle Norfo	lost 1k	19	. MOTHER'S MAIL	DEN NAME First	Middle		Lost
			6a \ Ye	,,	U.S. ARMEI	FORCES?	). SOCIAL SECURITY N	1	NFORMANT	Duckwald	Address		1204
	th certification of the certif	٦	_		Enter only	ane couse per line fa	or (o), (b), ond (c).)					APPRO	DX MATE INTERVA. N ONSET AND DEATH
•	e death cer attending p permit. The		-1	8. CAUSE OF DEATH ( PART I DEATH WA	S CAUSED I	CAUSE (a) Re	spirator	v Deni	ession			VITACES	CHOIC MIND DEATH
	erm erm	- 1	$\perp$	19:10	TANKEL CON LE	1-,	CONSEQUENCE OF	J					
-	at the distriction		(	onditions, if any, whic	h gove)		rminal C	arcino	matosis				
V	by t	- 1	1	ise to immediate cau tating the underlying	se (o), (	DUE TO, OR AS A	· · ·						
01	quires the physician. signal by burial-tra			151.	)	(c)							
-	v requires that the death ng physician. en signal by the attending the burial-transit permit. It to burial, cranation, ar man			PART 2. OTHER SIGNIFIC	ANT COND	TIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
	The law reattending last been se as the the priar to	ž,	SIE	9a. DATE OF OPERATION		NDITION FOR WHICH (	OPERATION WAS PER	FORMED	20a. AUTOPS	SY? NO 🔀	20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN	CERTIFYING
	CIAN: utal or nificate if far utal af Healt		₹ 1	To. ACCIDENT WAS UN OR CONTRIBUTING CAJ If either, notify medico	SE OF DEATH	21b. TIME OF INJ HOUR A.M. M P.M.	URY lanth Day Year 19		OW INJURY OCCU	RRED (Enter nature	e of injury in Port 1 or Part	2, Item 18)	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.  G. IUNERAL DIRECTOR: After this certificate has been signed by the miteraling physicial director, page 3 should be detached for use as the buried-framity permit. Then pleas should be filled with the State Dept. of Health prior to burial, crimation, or manayal, and	1		21d N.JRY OCCURRED While Not while	21e. Pl	ACE OF INJURY (AT )	HOME FARM, STREET, FACT ICE BUILDING, ETC.	TORY ) 21f. LC			City or Town	County	State
	1	7	22a. I certify that sow the dece	(A) (this	hospital) attende	ed the decease	d from_9 69, on	une 7	, 19 <u>69</u> , ) (our) opinion (	to June 8 , death accurred on the	19 <u>69</u> , the dote ond hou	at <b>(i</b> i) (we) last ir and from the	
0	1	1	12b. SIGNATUR	000ve,	(we) (did) (dir.	Many view me t	DEGR	ATTENDING		2	22c DATE SIGNED 6-8-69		
Page 4 may be retained or LUTERA DR ATTEND Page 4 may be retained or LUTERAL DIRECTOR: A director, page 3 should be filed with the control of			7	2d. PHYSICIAN'S NAME (Type) Na	arcis	o, Lobo,	M.D.	DLGK	22a, ADDRI				
	loss Unic	1	3o.	BURIAL CREMATION	235 DA		23c NAME OF C	EMETERY OR			LOCATION (City or Town)	((conty)	(State)
	Page direct		B	REMOVAL (Specify)		1/69			Cemeter		altimore, Ma	, ,,	, -/
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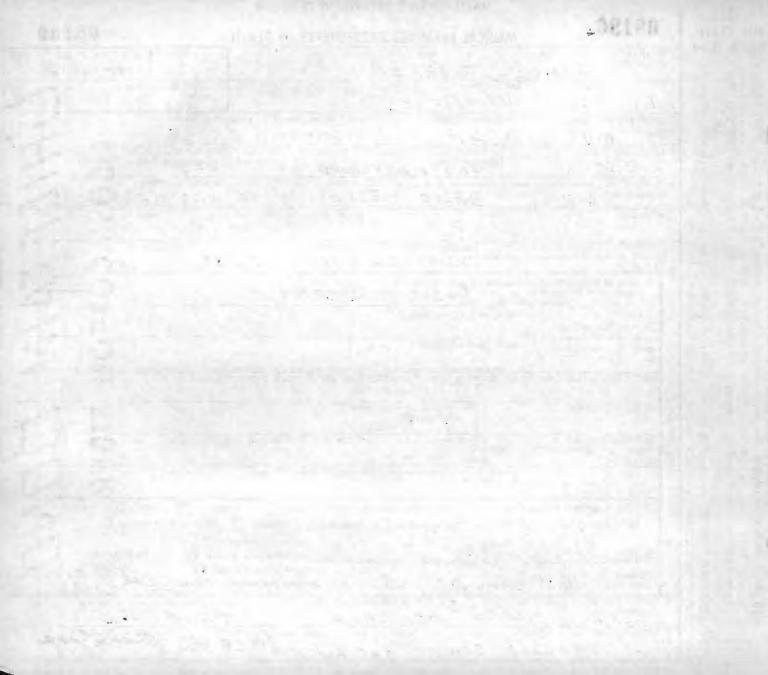
MAKTLAND STATE DEPARTMENT OF HEALTH 08194 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08187 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) BARBARA 20 LISON INGLING ician and completely filled in by the fease remave carban popers. Pages ond in any event, within 72 hours after 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IF UNDER 24 HRS within 24 haurs after last puthdoy) YRS 70 BIRTHPLACE (Stote or foreign 76 Cit.ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) BALTO WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Randallstown INDUSTRY 150SP BALTO. executed 130 USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b COUNTY YES 🖂 NO F 3110 Mayfield Avenue 21207 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME FIRST M ddle requires that the death certificate be RIBNER the attending physician is it permit. Then please 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [ [If yes give wor or dates of servi e) signed by the attending physical burial-transit permit. Then plantial, crematian, or remayal, Yes no or unknown) 213-50-1042 Robert Yingling 3110 Mayfield APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH MIK IMMEDIATE CAUSE (o Conditions, if any, which gove: use to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS preumon 125 Cecinticto directar, page 3 shauld be detached for use as the should be filed with the State Dept, of Health prior ta TO FUNERAL DIRECTOR: After this certificate has been N245 0 19a DATE OF OF ERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GALLSTONES CAUSES OF DEATH? NO T YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.) OR ATTENDING PHYSICIAN: HOUR AM Month Doy Year PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote ζουπιγ While Mot while r 22a. I certify that (1) this haspital) attended the deceased fram... 19 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above (did nat) youw the bady after death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) ᇴ June 28,1969 Woodlawn Cemetery Baltimore, Maryland 256 REG, STRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REG STRAR VR A15 1969 Loring Byers Chapel 8728 Liberty Road 21133



	1	MARTLAND STATE DEPARTMENT OF HEALTH	*
FOR STATE	1	08195 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8188
HEALTH DEPT.	1. D	DECEASED-NAME 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
of to	(	(Type or Print) Treace Jahn OF ESTI- DEATH MATED DEATH DEATH MATED	1969 /18 N
y delay is and 3 to pm3. Page	3 5	SEX A RACE S DATE OF BIRTH 6. AGE (in years as binding) DAYS NOJRS M. N. Worth Life Day S. Year	2d HOUR
2, o PM	70	BIRTHPLACE STILL OF FOREIGN TO LET ZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARRIED 9. COUNTY OF DEATH,	1967 2 A M
		intry) Mormany Jermany WIDDWED DIVORCED DIVORCED DIVORCED	M
after death S. Give Laga along with with the Ster	10. (	CTY OF TOWN OF SEATH 1 NAME OF HOSPITAL OR INSTITUTION (I not in hospital 120 USUAL OCCUPAT ON AK-nd of work done, 12b KUND give street address) / Z CLISS G. C. Curring most of working I be even in religion. INVESTIGATION	of Business or
18. Give e along e vith the dectn		OUSJAL RESIDENCE YWhere deceosed lived, if instribition Residence before 130 CTLX OR TOWN 13d INSDE LTV LIM 152 13e STREET AND NUMBER , Odmission) STATE 100 , 13b COUNTY 200 7 3 12 COUNTY 200	avic-
s certificate should be executed within 24 hours after e, writing the word "pending" in penal in Item 18. Give forwarded to the Chief Medical Exeminer's Office along seed as a buriol-transit permit. File pages to add 2 with the emoval, and in any event within 72 hours after death	14. 1	FATHER'S NAME FIRST MICHELL LORD IS MOTHER'S MAIDEN NAME FINT - AST MICHIELLA	eil
within 24 n pencil im Exeminers File pogem	160	Was deceased ever in u.s. armed forces? 166 soc at seturity no 17 programmi. Representation 220 30-1218 The active 20 Min 5312 East	cive.
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) E to a	CERTIF	210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of murry in Part 1 or Part 2, Item 18)	AEZ NO/Z
마루프 등 등	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
3 3 7 2 6	ME	21d .NJURY OCCURRED  21e PLACE OF IN.JRY (At home, form, street, while not young foctory, office building ster)  21f. LOCATION Street or R.F.D. No City of Town County	y Stote
EXAM cute th age 4 r your r your :Page I, crem		AT WORK LE AT WORK LE	1.1
ICAL I		220. I certify that I took charge of the remains described above, held an Autapsy, Inspect an Inquiry, and eath resulted fram? Natural causes Action Surcide, Homicide Undetermined monner	nd in my apiniar
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To The Head	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)  REMOTERATE CREMATORY 23d LOCATION (City or Town) (County)  Fullerton Balton	
C.S.	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG STRAR 256 REGISTRAR 5.5 GNATER	
VR A15ME (5) 10M REV 1/68	L	Lassahn Funeral Home 7401 Belair Road 21236 JUL 2 1969	0



MARYLAND STATE DEPARTMENT OF HEALTH 08196 08189 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED NAME 20 DATE KNOWN Month (Type or Print) ESTI-SAMUEL DEATH MATED TOWN 40 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 2c. DATA PRONOUNCED DEAD 3. SEX 26/85 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED DIVORCED er deoth. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Exominer's Office olong with give street oddress) during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY ESSEX poges Land 2 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** W. PRESTON STREET, (Yes, no, or unknown) (If yes give war or dates of service) 212-07-7356 HENRY WEINEL ABOJE UNK APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave buriol-tronsit rise to immediale couse (a). DUE TO, OR AS A CONSEQUENCE OF This certificate should stating the underlying couse 2 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 00 femavol. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 20. AUTOPSY? WAS PERFORMED? certificate, 27c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Doy Year 0 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE FUNERAL DIRECTOR: Poge the funeral director. Page 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 1 ond in my opinion death resulted from: Natural causes . Accident . Homicide Suicide . Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** MC K ARDRYSSYSTYLETY LOWN, OF 23o. BURIAL CREMATION (County) BALTO. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08190 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 24 hours after death 2b. HOUR (Type or print) GRACE VIOLET ZI MMERMAN Month June 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. caucasian July 9, 1915. last birthday) female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED event, within 72 h Baltimore, Md. USA Baltimore WIDOWED [7] DIVORCED [ and completely filled remove corban pape 10. CITY OR TOWN OF DEATH be executed within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Baltimore during most of working life, even if retired.) ildberger Ave. cafeteria worker 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ryland 3b. COUNTY Baltimore Baltimore 2700 Wildberger Ave. YES 🗀 NOOK ondinony 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Anna Watkins John Matter Ma urer 16b. SOCIAL SECURITY NO. 219-22-3836 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Certificat Yes, na, or unknown) [ (If yes give war or dates of service) burial, cremotian, or removal, Wm.C.Zimmerman, 2700 Wildberger Ave. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY colon with mitation Garlenama IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit r rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health prior to b hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IT NO [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached f te Dept. of I (If either, natify medical examiner) State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while 22a. I certify that (1) (this hospital) attended the deceased from 15 11 by \_\_\_\_\_, 19 lef \_\_\_\_, that (I) (we) last L) JUM saw the deceased alive on 23 June 1967, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed DEGREE 26 June 67 DIRECTOR 22d. PHYSICIAN'S-22e. ADDRESS 8604 Ha rford Road, Balto, Md. Dr . Howard Goodman NAME (Type) 23b. DATE 6/28/69. 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) Cemetery Baltimore, Md. Parkwood 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc .- Baltimore, Md. - 14

MAKTLAND STATE DEPARTMENT OF HEALTH

